

Case Number:	CM15-0119547		
Date Assigned:	06/30/2015	Date of Injury:	08/26/2014
Decision Date:	07/29/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year male old who sustained an industrial injury on 8/26/14. Diagnoses are sprain lumbar region, acute sciatic neuritis, and displacement of lumbar intervertebral disc. In a progress report dated 5/26/15, a treating physician notes the injured worker complains that back pain has continued to be quite severe with no changes since his last evaluation. Pain is rated at 7 out of 10 at rest and increases as high as 8-9 out of 10 while moving around. Pain radiates down his bilateral lower extremities to just below his knees and has intermittent weakness and tingling of his bilateral lower extremities. He reports a slight improvement in symptoms with physical therapy and that he is sleeping better since beginning acupuncture treatments. He uses a cane to ambulate. Physical exam notes decreased strength of the right ankle/foot, and there is tenderness to palpation at L3-L4, L4-L5 and L5-S1. Straight leg raise- upright caused bilateral lower back pain to the calves at 60 degrees and supine testing caused bilateral lower back pain and leg pain to the calves at 40 degrees. Braggard's test is positive bilaterally. There is pain and decreased range of motion of the lumbar spine. Acetaminophen and Tramadol were discontinued as they were ineffective. Non-steroidal anti-inflammatory medications had been discontinued due to high blood pressure. He has had spine, pain and surgical consults. No surgery was recommended. A lumbar spine epidural was done on 4/8/15, with no reported benefit. Previous treatment includes topical creams, Gel Ice Pack, 6 acupuncture treatments, 12 physical therapy visits, 5 chiropractic treatments, transcutaneous electrical nerve stimulation, home exercise program, lumbar support, lumbar spine epidural, Naprosyn, Tramadol, Gabapentin, Cyclobenzaprine, Vicodin, Acetaminophen, MRI of the

lumbar spine-1/22/15 and Electromyogram/Nerve Conduction Studies-3/17/15. Work status is to remain off of work until 6/10/15. The requested treatment is facet block bilateral L-4 to the sacrum.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Facet block bilateral L-4 to sacrum: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), facet injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical Methods, Medial Branch Blocks/ Facet Injections, 300. Decision based on Non-MTUS Citation ODG, Low Back, Medial Branch Blocks/ Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation not identified here. There is no report of acute flare-up or change for this chronic injury. Additionally, facet injections/blocks are not recommended in patient who may exhibit radicular symptoms with clinical findings of nerve impingement, and performed over 2 joint levels concurrently and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The request for facet block bilateral L-4 to sacrum is not medically necessary and appropriate.