MAXIMUS Federal Services

Case Number:	CM15-0122923		
Date Assigned:	07/07/2015	Date of Injury:	06/28/2012
Decision Date:	07/31/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/25/2015

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: Preventive Medicine, Occupational Medicine

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 53 year old female who sustained an industrial injury on 06/28/2012 while moving heavy furniture. The injured worker was diagnosed with lumbar post-laminectomy syndrome, lumbosacral spondylosis, cervical spondylosis with myelopathy and brachial neuritis/radiculitis. The injured worker is status post ultrasound guided L4-L5 cyst aspiration in June 2014 and a left L4-L5 synovial cyst excision, L4-5 posterior lateral fusion and interbody fusion with iliac crest bone graft on August 25, 2014. Treatment to date has included diagnostic testing with recent lumbar computed tomography (CT) on April 29, 2015, surgery, physical therapy, chiropractic therapy and medications. According to the primary treating physician's progress report on May 18, 2015, the injured worker continues to experience low back pain radiating to the left buttock and left calf with some right leg pain. The injured worker also reports neck pain radiating to the left upper extremity associated with numbness. Examination of the lumbar spine demonstrated decreased range of motion with guarding and muscle spasm on extension and flexion. Flexion was noted at 50 degrees, extension at 15 degrees and bilateral lateral bending at 15 degrees each. There was tenderness to palpation of the lumbosacral paraspinal and posterior superior iliac spine muscles. There were negative straight leg raise, Faber, Gaenslen's, Stork's and pelvic shift tests noted. Lower extremity range of motion, motor strength, sensation, deep tendon reflexes and gait were within normal limits. The May '15 narrative states that the pain is left sided, facet tenderness is left sided and the request is for left sided facet blocks. No mention of the right side is found in the narratives. Current medications are listed as Norco 10/325mg, Lyrica and Flexeril. Treatment plan consists of Electromyography (EMG)/Nerve Conduction Velocity (NCV), continuing with medication regimen and the current request for a lumbar facet block injection, right L5-S1, lumbar facet block injection, left L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Block Injection, Right Lumbar L5-S1 (sacroiliac), Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Therapeutic injections, diagnostic blocks, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - facet blocks.

Decision rationale: MTUS Guidelines do not address this issue in adequate detail. ODG Guidelines address this issue in detail and support diagnostic facet blocks if specific criteria are met. These criteria include pain and facet tenderness on the same side of the spine that the procedure is requested. The narratives document left sided low back pain with left sided facet tenderness. No right sided findings are documented and the evaluation narrative mentions left sided facet blocks only. Under these circumstances, the Lumbar Facet Block Injection, Right Lumbar L5-S1 (sacroiliac), Qty 1 is not supported by Guidelines and is not medically necessary.

Lumbar Facet Block Injection, Left Lumbar L5-S1 (sacroiliac), Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Therapeutic injections, diagnostic blocks, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Facet blocks.

Decision rationale: MTUS Guidelines do not address this in adequate detail. ODG Guidelines address this in detail and they support a trial facet block if there are specific exam findings and pain patterns not responsive to treatment. If a radiculopathy is present facet procedures are not supported, however this individual's leg pain is thought to be part of a post laminectomy syndrome as post surgical diagnostics reveal no ongoing mechanical compression. The Guideline standards for a diagnostic left sided facet block are met in this individual. The Lumbar Facet Block Injection, Left Lumbar L5-S1 (sacroiliac), Qty 1 is supported by Guidelines and is medically necessary.