

Case Number:	CM15-0171258		
Date Assigned:	09/11/2015	Date of Injury:	04/18/2014
Decision Date:	10/09/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old male who sustained an industrial injury on 4-18-14. The injured worker reported pain in the back with radiation to the right buttock, thigh and calf. Provider documentation dated 7-16-15 indicated "ongoing back pain". A review of the medical records indicates that the injured worker is undergoing treatments for lumbar disc herniation and lumbar radiculopathy. Treatment has included physical therapy, magnetic resonance imaging, status post right L4-L5 transforaminal epidural steroid injection (6-23-15), Voltaren gel since at least May of 2015, use of a corset and a home exercise program. Objective findings dated 7-16-15 were notable for discomfort to palpation to the mid-lumbar spine, "diminished perception of light touch of the lateral shin and anterior foot of the right lower extremity." The original utilization review (8-5-15) denied Left L4-5 facet block, quantity of 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 facet block, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in April 2014 when he fell from a ladder landing on his back and leg. He continues to be treated for low back pain with radiating symptoms into the right lower extremity into the buttock, thigh, and calf. When seen, there had been pain relief after a transforaminal epidural injection lasting for one week. Physical examination findings included decreased right lower extremity strength and sensation. Diagnostic lumbar facet blocks were requested. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular. In this case, the claimant has radicular symptoms with physical examination findings showing right lumbar radiculopathy and with a positive but temporary relief of pain after an epidural steroid injection. Lumbar medial branch blocks are not medically necessary.