

Case Number:	CM15-0173589		
Date Assigned:	09/15/2015	Date of Injury:	09/05/2006
Decision Date:	10/15/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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: Emergency 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 70 year old male who sustained an industrial injury on 9-5-06. He has a history of lumbar reconstructive surgery at L3-L4, L4-L5 and L5-S1. An MRI done 4-10-15 revealed pathology with retrolisthesis of L2-L3 with associated severe disc space collapse, neural foraminal and central narrowing. Previous treatment noted includes epidural injection L2-L3 on 5-14-15, with approximately 80% improvement reported, back surgeries, and medication. In an office visit note dated 8-10-15, the physician reports the injured worker "has severe progressive associated pain." Pain is rated at 8 out of 10 without medication and 5 out of 10 with medication. Objective exam notes iliopsoas has minimal weakness at -5 out of 5, but appears to be more pain related as opposed to neurological. Pain is exacerbated with mechanical loading, extension, and rotation. Mechanical back pain is noted to be improved with the use of an orthosis. The impression noted is symptomatic facet arthrosis at L2-L3. The plan is a medial branch block at L2-L3 and if there is improvement beyond 60%, consideration for rhizotomy will be entertained. The requested treatment of an L2-L3 facet injection was denied on 8-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-L3 Facet Injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Facet joint diagnostic blocks (injections).

Decision rationale: The requested L2-L3 Facet Injection is medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels". The injured worker "has severe progressive associated pain." Pain is rated at 8 out of 10 without medication and 5 out of 10 with medication. Objective exam notes iliopsoas has minimal weakness at -5 out of 5, but appears to be more pain related as opposed to neurological. Pain is exacerbated with mechanical loading, extension, and rotation. Mechanical back pain is noted to be improved with the use of an orthosis. The impression noted is symptomatic facet arthrosis at L2-L3. The plan is a medial branch block at L2-L3 and if there is improvement beyond 60%, consideration for rhizotomy will be entertained. The treating physician has documented exam and diagnostic evidence of facet arthropathy as well as intention to proceed with a rhizotomy if positive. The criteria noted above having been met, L2-L3 Facet Injection L2-L3 Facet Injection is medically necessary.