

Case Number:	CM15-0176709		
Date Assigned:	10/05/2015	Date of Injury:	11/05/2012
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 31-year-old male who sustained an industrial injury on 11-5-2012. Diagnoses have included lumbar degenerative disc disease, degenerative joint disease, and radiculopathy. Multiple diagnostic tests are discussed in the 8-14-2015 note with the most recent being an MRI 7-30-2015 showing facet arthropathy with neural foraminal narrowing L4-5 and L5-S1, disc protrusion L4-5, canal stenosis L4-S1, and broad-based disc herniation and desiccation. Lumbar X-ray 11-6-2012 "is noted as without abnormalities." Documented treatment includes lumbar epidural steroid injection with 50 percent pain reduction 10-2014, 12 sessions of physical therapy stated to have "helped but now he is at a plateau," work modification, and medication. It is noted that he has never had facet block injections. The injured worker continues to report low back pain. On 8-14-2015, he stated pain is worse on the right and radiates down both legs, and the physician notes that pain is also located in the coccygeal region. Tension signs were noted in the right leg, straight leg raise was positive at 60 degrees on the right, and negative on the left while lying down. He noted signs of facet arthropathy. The treating physician's plan of care includes a right L5-S1 facet block injection which was non-certified on 8-27-2015. The injured worker is working full time with modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 facet block injection one time: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint diagnostic blocks.

Decision rationale: Concerning facet joint injections of the lumbar spine, the CA MTUS states that they are not recommended. However, both the MTUS and ODG recommend that they may be used for investigation involving controlled differential dorsal ramus medial branch diagnostic blocks prior to facet neurotomies. Per ODG, if successful diagnostic blocks are performed, treatment may proceed to facet neurotomy at the diagnosed levels. Research indicates that a minimum of one diagnostic medial branch block (MBB) be performed prior to a neurotomy. Although MBBs and intra-articular blocks appear to provide comparable diagnostic information, results found better predictive effect with diagnostic MBB. ODG criteria state that the one set of diagnostic MMBs is required with a response of greater than or equal to 70%, with the pain response lasting approximately 2 hours. Furthermore, facet diagnostic blocks are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. According to recent treating provider notes, the injured worker does not wish to pursue any surgical intervention at this time, but facet blocks would not be indicated due to his radicular findings by history and physical exam. Therefore, the request for right L5-S1 facet block injection one time is not medically necessary and appropriate.