

Case Number:	CM15-0177038		
Date Assigned:	09/17/2015	Date of Injury:	10/30/2014
Decision Date:	10/27/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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 33 year old male who sustained an industrial injury on 10-30-2014. A review of medical records indicates the injured worker is being treated for inguinal hernia, lumbosacral neuritis legs, and lumbar disc displacement. Medical records dated 6-23-2015 noted back pain a 4-8 out of 10. Medical records dated 7-21-2015 noted back pain was the same. Objective findings are unclear. The injured worker had returned to work with limitations. Treatment has included chiropractic care x 6 visits and medications. The Utilization review form dated 8-10-2015 noncertified right L4-5 and L5-S1 intra articular facet block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 and L5-S1 intra-articular facet block: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) (Online Version).

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 Chapter, under Facet Joint Diagnostic Blocks.

Decision rationale: The patient presents on 07/21/15 with unrated back pain and sciatica in the right leg. The patient's date of injury is 10/30/14. Patient has no documented surgical history directed at this complaint. The request is for Right L4-5 and L5-S1 intra-articular facet block. The RFA is dated 07/21/15. Physical examination dated 07/21/15 reveals tenderness to palpation of the right buttock and leg - the findings are handwritten and illegible in some portions. The provider also notes that this patient's MRI is positive for facet disease and herniated nucleus pulposus. The patient's current medication regimen is not provided. Patient is currently advised to remain off work for an unspecified duration. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment - a procedure that is still considered "under study." Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet "mediated" pain: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. MTUS/ACOEM Practice Guidelines, Chapter 12, Low Back complaints, page 300, under Physical Methods states: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." In regard to the request for a diagnostic facet block directed at L4/L5 and L5/S1 levels, the patient does not meet guideline criteria. There is no indication in the documentation provided that this patient has undergone any lumbar facet block injections to date. Guidelines do not support such procedures in patients who present with radicular pain. This patient presents with chronic lower back pain which radiates into the right leg, as the provider specifically states in a handwritten progress note dated 07/21/15: "Pain on L/s... Sciatica => Rt leg." While this patient presents with chronic lower back pain poorly controlled by other measures, the presence of radiculopathy in this patient precludes lumbar facet injections, diagnostic or otherwise. Therefore, the request IS NOT medically necessary