

Case Number:	CM15-0179821		
Date Assigned:	09/29/2015	Date of Injury:	08/14/2014
Decision Date:	11/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/14/2015

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 49 year old male who sustained an industrial injury on 08-14-2014. According to a progress report dated 07-31-2015, the injured worker reported an increase in his lower back pain over the past two weeks since doing certain home exercises that involved arching and flexing his spine. He reported that his pain radiated into his left gluteal but did not extend past the upper thigh. Sitting increased his lower back pain. He also experienced occasional shooting pains in his lower back particularly when turning in his sleep. The pain caused sleep disruption. Objective findings included tenderness to palpation in the paraspinal lumbar spine. Cervical spine range of motion was decreased. Diagnoses included degenerative disc with small disc herniation at L5-S1 and lumbosacral sprain with radicular symptoms. The provider noted that the injured worker demonstrated severely restricted range of motion of the lumbar spine particularly with extension, was tender on the bilateral paraspinal muscles and reported more pain with extension than flexion upon examination. The provider noted that the loss of extension of the lumbosacral spinal along with significant pain with extension was consistent with facet joint inflammation. There was evidence of disc herniation and disc degeneration at L5-S1 on an MRI taken on 10-06-2014, according to the provider. A lumbar epidural steroid injection performed on 01-12-2015 did not help reduce his pain. The treatment plan included authorization requests for medial branch facet blocks at L4-L5 and L5-S1 in an effort to reduce significant back pain. Prescriptions included Ultracet and Trazodone. An authorization request dated 07-31-2015 was submitted for review. The requested services included medial branch facet blocks at L4-L5 and L5-S1, Ultracet and Trazodone. On 08-11-

2015, Utilization Review non-certified the request for medial branch facet blocks at L4-L5 and L5-S1 in an effort to reduce the patient's significant back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch facet blocks at L4-L5 and L5-S1 in an effort to reduce the patient's significant back pain: Upheld

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), Diagnostic facet joint blocks (injections).

Decision rationale: The sustained a work injury in August 2014 while pushing a cart up a liftgate onto a truck when the front wheel of the cart fell off. He was seen by the requesting provider on 07/31/15. He was having increased low back pain over the previous two weeks since doing home exercises involving arching and flexing his spine. He was having pain radiating into the left gluteal area but not extending past the upper thigh. He was having occasional shooting pains in his lower back when turning in his sleep. Physical examination findings included right greater than left paraspinal tenderness. There was decreased and painful lumbar spinal flexion and extension with extension limited to 0 degrees. There was decreased side bending without complaints of pain. His body mass index is over 42. Prior treatments are referenced as having included chiropractic care and, as noted, he was already performing a home exercise program. Authorization is being requested for bilateral lumbar facet blocks. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. Bilateral facet blocks are being requested. In this case, the claimant has had prior conservative treatments. However, he has complaints of left sided pain. Physical examination findings do support the presence of facet mediated pain but do not specifically test for laterality. A left sided medial branch block procedure could be accepted as being medically necessary. A bilateral procedure, however, is not supported by the claimant's complaints or physical examination findings and for this reason, the request is not medically necessary.