

Case Number:	CM15-0072759		
Date Assigned:	04/23/2015	Date of Injury:	10/12/2006
Decision Date:	05/20/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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 32-year-old male, who sustained an industrial injury on 12/20/09. He reported low back pain. The injured worker was diagnosed as having lumbago and sciatica. Treatment to date has included physical therapy, home exercise program and oral medications. Currently, the injured worker complains of chronic low back pain rated 7/10 and ranging between 4-8/10. The injured worker noted physical therapy helped loosen his backup in the morning. Physical exam noted tenderness in the midline from L4-S1 and along the bilateral paravertebral area of lower lumbar spine and positive facet loading with left side worse than right predominantly over the L4-5 and L5-S1 levels. The treatment plan included continuation of Naproxen, home exercise program and request for authorization for bilateral L4-5 and L5-S1 diagnostic and therapeutic facet injections for chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 diagnostic and therapeutic facet injection QTY; 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

Decision rationale: Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms of leg paresthesias as in this injured worker with leg pain complaints. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results of 9/3/13. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral L5-S1 diagnostic and therapeutic facet injection QTY; 1.00 is not medically necessary and appropriate.

Bilateral L4-L5 diagnostic and therapeutic facet injection QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

Decision rationale: Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints of leg paresthesias. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results of 9/3/13. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral L4-L5 diagnostic and therapeutic facet injection QTY: 1.00 is not medically necessary and appropriate.