

Case Number:	CM15-0095393		
Date Assigned:	05/21/2015	Date of Injury:	07/20/2012
Decision Date:	06/30/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/18/2015

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 26-year-old male, who sustained an industrial injury on 7/20/12. He reported pain in his lower back and legs after lifting a large amount of clothes into a bin. The injured worker was diagnosed as having lumbar discogenic disease. Treatment to date has included physical therapy, a lumbar epidural injection, TENs unit and a right L5-S1 selective nerve root block. A lumbar MRI shows a lesion at L4-L5 and L5-S1. As of the PR2 dated 4/13/15, the injured worker reported being stable on current medications. The treating physician noted that the AME report recommends a facet block verses a lumbar fusion. Objective findings include significant lumbar spasms bilaterally, flexion is 70 degrees and extension is 10 degrees with pain in all planes. The treating physician requested a bilateral facet block at L4-L5 and L5-S1, under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral facet block at L4-L5 and L5-S1 Level under Fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Low Back Chapter, Facet joint medial branch block, Facet joint pain, sign & symptoms.

Decision rationale: The patient presents with pain in his low back going down into both legs. The request is for 1 bilateral facet block at L4-L5 and L5-S1 level under fluoroscopic guidance. The request for authorization is not provided. MRI of the lumbar, date unspecified, shows bulging disk and lesion at L4-L5 and L5-S1. Physical examination of the lumbar spine reveals significant spasm bilaterally with latissimus dorsi both equal. He has decreased range of motion with pain in his low back going down into his mid thighs bilateral posteriorly. He has positive straight leg test bilaterally. He has weakness in his left abductor hallucis longus and foot extensors. Patient has undergone an epidural steroid injection. He said he has had numbness in his great toes, however, that has eased after the first epidural steroid injection. Patient has had sessions of physical therapy. Patient has use of a TENS unit. Patient's medications include Naproxen, Omeprazole, Soma, Amitriptyline and Norco. Per progress report dated 04/13/15, the patient is temporarily totally disabled. ODG, Low Back Chapter, Facet joint medial branch block, Facet joint pain, sign & symptoms state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular, "although pain may radiate below the knee," normal sensory exam, tenderness to palpation in the paravertebral areas (over the facet region); and Normal straight leg raising exam. Per progress report dated 04/13/15, treater's reason for the request is "the AME recommends facet blocks at L4-L5 and L5-S1, right first and then left second." ODG guidelines limit blocks for patients with non-radicular low-back pain. In this case, the patient presents with pain in his low back going down into both legs, a radicular pain. Per progress report dated 04/13/15, treater notes, "He has positive straight leg test on the right at 45 degrees, on the left at 10 degrees." Facet joint evaluations or treatments are not recommended when radicular findings are present. Therefore, the request is not medically necessary.