

Case Number:	CM14-0201730		
Date Assigned:	12/12/2014	Date of Injury:	09/16/2013
Decision Date:	01/27/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/02/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old gentleman who sustained a work related injury on 9/16/2013. Per the Treating Physician's Progress Report dated 10/27/2014 the injured worker reported worsening symptoms of his mid and lower back pain. He reported 60-70% improvement from a prior facet block that lasted approximately 6 weeks. Physical Examination revealed point tenderness in the thoracic paraspinal region as well as in the low back region. His range of motion is notably limited with extension. Diagnoses included chronic thoracic pain and chronic radiating right buttock and leg pain. X-rays dated 2/20/2014 revealed mild degenerative disease of the lumbar spine, no evidence of instability. Repeat x-rays dated 11/04/2014 revealed on old T5 compression fracture. Magnetic resonance imaging (MRI) of the lumbar spine dated 11/08/2013 revealed multisegmental disc degeneration and spondylosis, L3-4 small foraminal disc protrusion without nerve root impingement or spinal stenosis and L4-5 moderate left and severe right joint arthrosis with mild central canal stenosis. Magnetic resonance imaging (MRI) of the thoracic spine dated 11/08/2013 revealed mild chronic anterior T5 compression fracture deformity and small left paracentral disc bulging T3-4. The plan of care included a right L4-5 facet injection, TENS unit and radiographic imaging. Prior treatment has included physical therapy and medications. He underwent a right L4-5 (L3 and L4 medial branch) RF Rhizotomy on 9/08/2014 and intraarticular facet injections on 6/16/2014. Work Status is temporarily partially disabled. On 10/31/2014, Utilization Review non-certified a prescription for a right L4-5 Facet Injection based on lack of medical necessity and lack of documented functional improvement. The CA MTUS ACOEM and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 Facet Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 301.

Decision rationale: This 57 year old male has complained of low back pain since date of injury 9/16/13. He has been treated with physical therapy, medications, facet injections and L3, L4 medial branch rhizotomy. The current request is for right L4-5 facet injection. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, right L4-5 facet injection is not indicated as medically necessary.