

Case Number:	CM14-0217152		
Date Assigned:	01/07/2015	Date of Injury:	07/28/2013
Decision Date:	07/20/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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 65-year-old female, who sustained an industrial injury on July 28, 2013. She reported low back pain and right hip pain. The injured worker was diagnosed as having chronic lumbar spine pain syndrome with mild multilevel degenerative disc disease and degenerative osteoarthritis. Treatment to date has included diagnostic studies, physical therapy, medications, steroid injections and work restrictions. Currently, the injured worker complains of neck pain, headaches, low back pain radiating to the right lower extremity and right hip with associated numbness, tingling and throbbing. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 15, 2015, revealed continued pain as noted. She reported being able to perform activities of daily living independently. Magnetic resonance imaging revealed lumbar disc degeneration, foraminal stenosis, central canal stenosis, disc desiccations and facet degeneration. Bilateral lumbar facet injections were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Injections, L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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 claimant sustained a work injury in July 2013 and continues to be treated for low back pain. When requested, there was lumbar spine tenderness with decreased left lower extremity strength and sensation. The claimant was having pain in the lumbar spine, bilateral hips, and bilateral buttocks with hip weakness. 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. No more than two facet joint levels are to be injected in one session. In this case, there are no physical examination findings that support a diagnosis of facet-mediated pain such as facet tenderness or reproduction of symptoms with facet loading maneuvers. A three level bilateral procedure is being requested. The requested injections are not medically necessary.