

Case Number:	CM15-0002278		
Date Assigned:	01/13/2015	Date of Injury:	05/28/2013
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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, Washington

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 41-year-old male who reported an injury on 05/28/2013. The mechanism of injury was not provided. His diagnoses include low back pain, right L4-5 facet inflammation, and degenerative joint disease. Past treatments were noted to include a medial branch block at the S1, L5, and L4 levels on the right side; ESI; and medications. On 12/12/2014, it was indicated that the injured worker had pain that he rated 7/10. Upon physical examination, it was noted the injured worker had tenderness to the right upper buttock area with decreased range of motion to his lumbar spine. Relevant medications were noted to include Tylenol and simvastatin. The treatment plan was not included in the report. A request was received for right lumbar L4-L5 facet injection without a rationale. The Request for Authorization was signed 12/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar L4-L5 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, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: The request for right lumbar L4-L5 facet injection is not medically necessary. According to the California MTUS/ACOEM Guidelines, invasive techniques are of questionable merit. More specifically, the Official Disability Guidelines indicate that facet joint injections are to be given when there is no evidence of radicular pain, spinal stenosis, or previous fusion. The guidelines indicate that these injections are to be in adjunct to an exercise program. The guidelines also indicate that if such injections are successful, noting a 70% pain relief, the next step is medial branch diagnostic block and subsequent neurotomy. The clinical documentation submitted for review indicated the injured worker had previously received a medial branch block at the requested level, and the rationale was not provided for this request. Additionally, it was not indicated that the injured worker was participating in an active therapeutic exercise program. Consequently, the request is not supported by the evidence based guidelines. As such, the request for right lumbar L4-L5 facet injection is not medically necessary.