

Case Number:	CM15-0005832		
Date Assigned:	01/26/2015	Date of Injury:	10/29/2012
Decision Date:	03/17/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 reported on 10/29/2012. She has reported intermittent radiating low back pain. The diagnoses have included back pain, lumbar sprain/strain and lumbago; radicular syndrome of lower limbs; thoracic or lumbosacral neuritis or radiculitis; cervicgia; cervical degenerative disc disease; and myofascial pain. Treatments injection therapy; physical therapy; and medication management including non-steroidal anti-inflammatories and steroidal therapy. The work status classification for this injured worker (IW) was noted to be on modified work duty. On 12/30/2014 Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/22/2014, for 1 lumbar facet joint injection bilaterally at lumbar 5 - sacral 1, the ACOEM Guidelines for low back complaints, and use of diagnostic blocks were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet joint injection bilaterally at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on 10/29/2012. The medical records provided indicate the diagnosis of back pain, lumbar sprain/strain and lumbago; radicular syndrome of lower limbs; thoracic or lumbosacral neuritis or radiculitis; cervicalgia; cervical degenerative disc disease; and myofascial pain. Treatments injection therapy; physical therapy; and medication management including non-steroidal anti-inflammatories and steroidal therapy. The medical records provided for review do not indicate a medical necessity for Lumbar facet joint injection bilaterally at L4-5 and L5-S1. The MTUS recommends against facet joint injection. The Official Disability Guidelines limits facet joint injection to patients with low-back pain that is non-radicular. The records indicate the injured worker has been diagnosed of Lumbar radiculopathy and that the pain radiates to the extremities.