

Case Number:	CM15-0105174		
Date Assigned:	06/09/2015	Date of Injury:	12/03/2008
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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: Emergency 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:

This is a 54 year old female with a December 3, 2008 date of injury. A progress note dated May 12, 2015 documents subjective findings (lower back pain), objective findings (tenderness over the lumbar spine/hip bursa), and current diagnoses (lumbosacral spondylosis; chronic pain syndrome). Treatments to date have included lumbar spine fusion, medications, physical therapy, psychological therapy, left and right hip injections, transcutaneous electrical nerve stimulator unit, and lumbar epidural steroid injection. The treating physician documented a plan of care that included lumbar facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet joint injection at L3-L4 and L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Criteria for the use of diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute &Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Lumbar facet joint injection at L3-L4 and L4-L5 , is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has subjective findings (lower back pain), objective findings (tenderness over the lumbar spine/hip bursa), and current diagnoses (lumbosacral spondylosis; chronic pain syndrome). The treating physician does not document the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result. The criteria noted above not having been met, Lumbar facet joint injection at L3-L4 and L4-L5 is not medically necessary.