

Case Number:	CM15-0108854		
Date Assigned:	06/15/2015	Date of Injury:	09/08/2014
Decision Date:	07/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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: 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 51 year old male, who sustained an industrial injury on 09/08/2014. He reported that he was loading concrete product from a forklift into a truck when he experienced sharp, stabbing pain to the back. The injured worker was diagnosed as having multilevel degenerative disc disease to the lumbosacral spine with the most significant at lumbar three to four, lumbar four to five, and lumbar five to sacral one with associated facet arthropathy. Treatment and diagnostic studies to date has included chiropractic therapy with extracorporeal shockwave therapy, psychological evaluation, physical therapy, medication regimen, use of ice, x-rays, magnetic resonance imaging of the lumbosacral spine, and electromyogram with nerve conduction study. In a progress note dated 02/16/2015 the treating physician reports complaints of constant, slight to moderate pain to the lumbosacral spine that intermittently increases to moderately severe. The pain is noted to extend upward and radiates to the hips along with a vibrating sensation and paresthesias to the bilateral lower extremities. Examination reveals tenderness at the lumbosacral spinous processes especially at the lumbar five to sacral one level, moderate tenderness and guarding of the paraspinal muscles, moderate guarding of movement, slight tenderness at the bilateral sciatic notch, pain with range of motion, mild hypesthesia of the bilateral lower extremities, and weakness of the left great toe and the left anterior tibialis. The progress report noted an electromyogram with nerve conduction velocity performed on 01/07/2015 of the lower extremities that was remarkable for mild active denervation to the bilateral lumbar innervated muscles and evidence of mild acute bilateral lumbar five radiculopathy. The treating physician also noted magnetic resonance imaging of the lumbosacral

spine performed 11/24/2014 that was remarkable for multi-level disc bulges with bilateral facet joint hypertrophy resulting in neuroforaminal narrowing, and mild lateral recess stenosis. The treating physician requested lumbar facet injections of the lumbosacral spine concentrating on the mid to lower portion of the lumbosacral spine noting that the injured worker's symptoms are consistent with facet joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-related injury in August 2014 and continues to be treated for lower lumbar pain. When seen, he was having symptoms with repetitive movements. There was paraspinal muscle tenderness and guarding. There was pain with spinal extension. There was left lower extremity weakness with slightly positive straight leg raising and lower extremity hypesthesia. 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. In this case, the claimant has non-radiating low back pain and has undergone prior conservative treatments. The requesting provider documents physical examination findings consistent with radicular pain including decreased lower extremity strength and sensation with positive neural tension sign. Therefore, the requested facet injections cannot be considered as being medically necessary.