

Case Number:	CM15-0130521		
Date Assigned:	07/16/2015	Date of Injury:	01/29/2013
Decision Date:	08/12/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 36 year old male patient who sustained an industrial injury on 12/30/2004. The accident occurred while he was working on an earth compactor on a hill and was knocked down after the machine hit him in the face. A follow up visit dated 04/01/2015 reported chief complaint of having diffuse neck pain, diffuse low back pain and jaw pain. He had subjective complaint of ongoing jaw neck and back pain. The back pain also radiates down the back with shooting pain down the left lateral leg. He is not currently working. The following diagnoses were applied: lumbago and sciatica. The plan of care noted prescriptions for Omeprazole, Orphenadrine ER and Voltaren XR. That following visit dated 04/29/2015 reported no change in medication regimen, or subjective/objective assessment. The plan of care noted the patient being scheduled for a transforaminal epidural injection. He is to remain permanently totally disabled and follow up in four weeks. At a follow up on 05/29/2015 the plan of care noted continuing with daily ambulation and recommending the patient utilize a back brace and undergo administration of a medial branch block and facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 facet joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter regarding imaging guidance and the National Institutes of Health fluoroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: According to MTUS guidelines, "there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks". In this case, the presence of radiculopathy is not completely excluded. Therefore, the request for Bilateral L4-L5 and L5-S1 facet joint injections is not medically necessary.