

Case Number:	CM15-0138869		
Date Assigned:	07/28/2015	Date of Injury:	09/20/2014
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/17/2015

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 injured worker is a 57-year-old male who reported an industrial injury on 9/20/2014. His diagnoses, and or impression, were noted to include: lumbar strain; lumbar facet arthropathy; low-grade degenerative lumbar anterolisthesis with stenosis; and degenerative spondylolisthesis and facet arthropathy. Recent magnetic imaging studies of the lumbar spine were done on 11/25/2014, and x-rays of the lumbar spine were done on 6/17/2015. His treatments were noted to include effective lumbar facet injections (3/9/15); medication management; and return to full duty work. The progress notes of 6/17/2015 reported a return visit following bilateral facet injections, which resulted in a 50% improvement that lasted 8 weeks, but with the return of symptoms of low back pain that worsened with activity. Objective findings were noted to include decreased lumbar range-of-motion; positive straight leg raise; and decreased tendon reflexes in the knees and left ankle, with absent reflex in the right ankle. The physician's requests for treatments were noted to include repeat bilateral lumbar facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 facet injection Qty: 1.00: 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) TWC Low Back Procedure Summary Online Version last updated (05/15/2015).

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), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Bilateral L4-5 facet injection Qty: 1.00 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 treating physician has reported a return visit following bilateral facet injections which resulted in a 50% improvement that lasted 8 weeks, but with the return of symptoms of low back pain that worsened with activity. Objective findings were noted to include decreased lumbar range-of-motion; positive straight leg raise; and decreased tendon reflexes in the knees and left ankle, with absent reflex in the right ankle. The treating physician has not documented the medical necessity for another facet injection versus a neurotomy following a reportedly successful initial facet injection. The criteria noted above not having been met, Bilateral L4-5 facet injection Qty: 1.00 is not medically necessary.