MAXIMUS Federal Services

Case Number:	CM15-0139926		
Date Assigned:	07/29/2015	Date of Injury:	06/06/2006
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 66 year old female, who sustained an industrial injury on 6-6-06. Initial complaints were not reviewed. The injured worker was diagnosed as having degeneration lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis unspecified; lumbar spinal stenosis without neurogenic claudication; displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included bilateral L4-L5 lumbar transforaminal epidural steroid injections (1-13-15); physical therapy; medications. Diagnostics studies included MRI lumbar spine (10-16-13). Currently, the PR-2 notes dated 6-17-15 indicated the injured worker returns to this office on this date reporting her last epidural injections gave her several months of greater than 90% symptomatic improvement. Now she is bad enough to where most mornings she has a hard time getting out of bed without pain medications. The provider notes he refilled her Norco which she takes half of tablet several times a day. The provider documents she has bilateral sciatic notch tenderness, dorsiflexion weakness bilaterally 4+ over 5, L5 sensation loss bilaterally. She has L4-L5 pathology on her images and he documents "every single time she has had epidural injections her pain has improved and her function has improved dramatically." He has discussed recommendations for lumbar surgery and notes she will need surgery in order to improve in the long run. He notes she also is prescribed Vicodin 5-500mg tablet every 6-8 hours as needed for pain and Medrol 4mg Dosepak as directed. The provider is requesting authorization of Left L3-L4 facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L4 facet injection: 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) Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: ODG recommends against lumbar facet blocks except for diagnostic purposes. In this case, the treating physician reports that transforaminal epidural steroid injection reduced pain by 90% and that surgery is indicated. In spite of the reported success, opioid use remained unchanged. The medical records do not explain the need for diagnostic facet blocks when TFESIs were considered diagnostic and relieved 90% of the symptoms. This request for facet blocks does not adhere to ODG and is not medically necessary.