

Case Number:	CM15-0141733		
Date Assigned:	07/31/2015	Date of Injury:	08/30/2001
Decision Date:	08/31/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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

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 59 year old female, who sustained an industrial injury on 8-30-01. The diagnoses have included chronic persistent axial low back pain and leg pain status post lumbar fusion 8-4-04 rule out abnormalities and instability, chronic pain management, chronic neck and left arm pain post cervical fusion, chronic right shoulder pain and weakness of the upper and lower extremity. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 6-30-15, the injured worker complains of low back pain in the mid lumbar region above her incision that radiates down the left leg into the calf, great toe and left foot. The diagnostic testing that was performed included computerized axial tomography (CT scan) myelogram of the lumbar spine and X-rays of the lumbar spine. The lumbar spine exam reveals mild pain on palpation of the lower lumbar spine but also in the mid lumbar region facet joint region. The lumbar range of motion is decreased and there are paresthesias and dysesthesias in the left posterior buttock, thigh and calf. The current medications included Tizanidine. The physician noted that she has tried post-operative physical therapy, medications, and work modifications, rest and has had a previous lumbar fusion and has now developed instability with stenosis as the cause of her pain. The physician requested treatment included L3-L4 bilateral facet blocks times 2 to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 bilateral facet blocks x 2 to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back, Facet Joint Intra-articular Injections (Therapeutic Blocks).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Injections Topic.

Decision rationale: Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there is a recently documented objective examination findings supporting a diagnosis of facetogenic pain. However, there is an abnormal sensory, motor, and reflexes examination findings that is consistent with radiculitis. Guidelines do not support the use of facet injections in patients with abnormal neurologic examinations, and radicular findings. As such, the currently requested lumbar facet injections are not medically necessary.