

Case Number:	CM15-0142408		
Date Assigned:	08/03/2015	Date of Injury:	07/14/1990
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/22/2015

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:

The injured worker is a 46 year old female, who sustained an industrial injury on 7-14-1990. Diagnoses have included lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, degeneration of thoracic or lumbar intervertebral disc, sacroiliitis, spasm of muscle and dysesthesia. Treatment to date has included magnetic resonance imaging (MRI), heat, ice, rest, exercise and medication. According to the progress report dated 7-1-2015, the injured worker complained of chronic low back pain. She reported severe pain and hardly being able to tolerate basic activities such as showering and dressing. She rated her pain with medications as seven out of ten and without medications as nine out of ten. She complained of pain and radiating burning shooting pains down her posterolateral legs. She was currently working 30 hours a week. Objective findings revealed severe pain and spasms to touch and with movement along the lumbar spine. There was also pain and spasm along the thoracic spine. Authorization was requested for L4-5 and L5-S1 diagnostic facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One L4-5 and L5-S1 diagnostic facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Decision rationale: The requested One L4-5 and L5-S1 diagnostic facet injection, 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 injured worker has radiating burning shooting pains down her posterolateral legs. She was currently working 30 hours a week. Objective findings revealed severe pain and spasms to touch and with movement along the lumbar spine. There was also pain and spasm along the thoracic spine. The treating physician has documented evidence of radiculopathy, which is a negative criteria for medial branch blocks. The criteria noted above not having been met, One L4-5 and L5-S1 diagnostic facet injection is not medically necessary.