

Case Number:	CM15-0142628		
Date Assigned:	08/07/2015	Date of Injury:	05/16/2013
Decision Date:	09/04/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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: Preventive Medicine, 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 60-year-old female, who sustained an industrial injury on 5-16-2013. She reported that a room divider fell on top of her, causing low back pain. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy. Treatment to date has included diagnostics, epidural steroid injections, facet injections, physical therapy, and lumbar fusion (4-2014). Per the supplemental report dated 5-20-2015, the injured worker complains of continued discomfort in her back. It was documented that she had success with facet injections in the distant past. A physical exam was not noted. The treatment plan included bilateral facet joint injections at L5-S1, with sedation. A progress report dated 3-02-2015 noted lower back pain, referring to the buttocks. It was documented that she had undergone a number of treatments since her lumbar fusion at L4-5, noting the best relief was 50% after facet blocks at the L5-S1 level. A post-operative magnetic resonance imaging was documented to show solid fusion at L4-5 and moderate facet arthropathy at L5-S1, without major stenosis. She was deemed permanent and stationary. A follow-up report (5-04-2015) noted that she complained of lower back pain and was working modified duties. Medication use included Norco. Work restrictions were amended. Currently (5-26-2015), she complained of persistent low back pain, increased with prolonged sitting the last two days. She continued to report pain down the mid back into the top of the buttocks, and her right foot continued to feel cold and increased in tingling. Pain was rated 8+ out of 10 without medications, reduced to 4 out of 10 with medication. She was able to work full time with restrictions and was able to perform activities of daily living and self-care around her home. Exam of the lumbar spine noted tenderness of the

lumbar paraspinal muscles, extending into the quadratus lumborum, right greater than left. There was significant facet tenderness at L4-L5 and into the right sacroiliac joint. Kemp's test was positive on the right. Neurologically, she was focally intact. She was to continue Oxycontin and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet injections with sedation at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. In this case, the injured worker has previously had bilateral facet-joint injections at L5-S1 without significant decrease in pain or increase in function. Therefore, the request for bilateral facet injections with sedation at L5-S1 is determined to not be medically necessary.