

Case Number:	CM15-0146326		
Date Assigned:	08/07/2015	Date of Injury:	07/20/2002
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/28/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 (IW) is a 64-year-old female who sustained an industrial injury on 07/20/2002. She reported disabling low back pain. The injured worker was diagnosed as having: Sacroiliac instability-acquired; Spondylolisthesis Treatment to date has included medications, a home exercise program, facet injections (2009), a radiofrequency ablation bilateral L3-5 (2010) with two weeks of relief, and SI joint injections (2009, 2010, 2011, and 2013). MRI of the lumbar spine (10/09/2013) showed widening of the L4-5 facets with very subtle spondylolisthesis at that level. A recent standing lumbar x-ray showed mild anterolisthesis of L4 on L5. Currently, the injured worker complains of pain that is centrally located in the low back, described as stabbing and aching and rated at 8 on a scale of 10. No detailed exam is noted in the visit of 06/25/2015. Medications include Ambien, Avapro, Cymbalta, Lidoderm, and Norco. The treatment plan is for flexion extension x-rays and bilateral facet joint injections to attempt isolation of her pain. A request for authorization was made for bilateral lumbar facet injections at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet injections at L4-5: 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), Low Back Chapter.

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 (facet injections).

Decision rationale: ODG Guidelines require documentation of failure of conservative therapy for at least 4-6 weeks prior to the procedure. In this case, there is no documentation of any recent conservative treatment. The patient is noted to have undergone several injections of the back in 2014; however, the type of injection is not provided. The patient's prior objective functional response to these injections is unknown. Therefore, the lack of conservative care and overall lack of documentation renders this request not medically necessary or appropriate.