

Case Number:	CM15-0148477		
Date Assigned:	08/11/2015	Date of Injury:	03/01/2005
Decision Date:	09/18/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/30/2015

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: New Jersey, New York
 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:

This is a 53 year old male with a March 1, 2005 date of injury. A progress note dated July 17, 2015 documents subjective complaints (lower back pain and left lower extremity pain; still having some pain in the left lateral thigh), objective findings (tenderness in the lumbar paraspinal muscles; tenderness in the lumbar facets bilaterally more so on the right at L4-5 and L5-S1; fairly full forward flexion; trace reflexes at the patella; absent reflexes at the Achilles; positive straight leg raise on the left), and current diagnoses (lumbar radiculitis; degenerative disc disease; chronic lower back pain with radicular symptoms; displacement of lumbar intervertebral disc without myelopathy). Treatments to date have included medications, lumbar epidural steroid injection with about a 20% reduction in pain, magnetic resonance imaging of the lumbar spine (March 6, 2015; showed disc protrusion at T12-L1 extending from the left lateral aspect of the disc space and abutting displacing the cord to the right; high grade canal compromise of the left exiting nerve root; disc protrusion at L2-3 extending into both neural foramen with no stenosis; disc protrusion at L3-4 extending into both foramen without stenosis; broad based disc bulge at L4-5 extending into both neuroforaminal exit zone; high grade bilateral neuroforaminal exit zone compromise seen with moderate spinal stenosis; disc protrusion at L5-S1 bulging into both neuroforaminal exit zones; moderate bilateral neuroforaminal exit zone compromise without spinal stenosis), and physical therapy. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included right facet injections at L4-5 and L5-S1 with associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 facet injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Facet joint injections--Low back.

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address this. According to the ODG guidelines, the criteria to perform a facet joint injection includes back pain that is non-radicular which does not apply to this patient. The patient was documented to have back pain radiating to the lower extremities. Therefore, the request is considered not medically necessary.

Right L5-S1 facet injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) Facet joint injections, low back.

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address this. According to the ODG guidelines, the criteria to perform a facet joint injection includes back pain that is non-radicular which does not apply to this patient. The patient was documented to have back pain radiating to the lower extremities. Therefore, the request is considered not medically necessary.

Conscious sedation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Fluoroscopic guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.