

Case Number:	CM15-0149733		
Date Assigned:	08/12/2015	Date of Injury:	05/01/2014
Decision Date:	09/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/03/2015

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: Massachusetts

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 35 year old female, who sustained an industrial injury on May 1, 2014. The injured worker reported being rear ended in a motor vehicle accident (MVA) resulting in neck and back pain. The injured worker was diagnosed as having lumbalgia, lumbar stenosis and lumbar degenerative disc disease (DDD). Treatment to date has included x-rays, magnetic resonance imaging (MRI), physical therapy and medication. A progress note dated July 10, 2015 provides the injured worker complains of low back pain radiating down the legs with numbness and tingling. She reports medication helps relieve pain. Physical exam notes lumbar tenderness to palpation and decreased lumbar range of motion (ROM). The plan includes facet injections and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4, L4-5, L5-S1 facet injections under fluoroscopy: Upheld

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

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 intra-articular injections (therapeutic blocks).

Decision rationale: The claimant has a history of a work injury occurring in May 2014 and is being treated for low back pain. She was seen for an initial evaluation. Treatments have included medications and physical therapy. A lumbar spine fusion at L4/5 had been recommended. When seen, she was having pain with intermittent numbness and tingling radiating to her knees. Physical examination findings included a BMI of 30. There was lumbar paraspinal and facet joint tenderness. Facet loading was positive. There was bilateral sacroiliac joint tenderness. Straight leg raising was negative and there was a normal neurological examination. Authorization for bilateral three level facet injections was requested. Criteria for the use of therapeutic intra-articular and medial branch blocks include an absence of radicular pain, spinal stenosis, or previous fusion, that no more than two joint levels are blocked at any one time, and there should be evidence of a formal plan of additional evidence-based activity and exercise. In this case, the claimant has primarily axial pain without strong radicular component. Physical examination findings are consistent with facet mediated pain and she has undergone conservative treatments. However, the number of levels being requested is more than that recommended and significant findings are at a single level at L4/5. The request is not considered medically necessary.