

Case Number:	CM15-0165190		
Date Assigned:	09/02/2015	Date of Injury:	07/07/2000
Decision Date:	10/06/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 72 year old female, who sustained an industrial injury on 7-7-2000. The mechanism of injury occurred while bending over. The injured worker was diagnosed as having lumbar post laminectomy syndrome, lumbar disc displacement, lumbar stenosis, lumbago and myalgia-myositis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, aqua therapy, lumbar spine injection, lumbar surgery and medication management. In a progress note dated 6-23-2015, the injured worker complains of low back and left lower extremity pain, rated 9 out of 10. Physical examination showed lumbar paraspinal tenderness. The treating physician is requesting Bilateral lumbar 3-sacral 1 facet joint injections times 2 for treatment of lumbar facet-mediated arthropathy times 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-S1 facet joint injections times 2 for treatment of lumbar facet-mediated arthropathy times 2: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Facet joint diagnostic blocks (injections).

Decision rationale: Bilateral L3-S1 facet joint injections times 2 for treatment of lumbar facet-mediated arthropathy times 2 is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that no more than 2 facet joint levels are injected in one session (see above for medial branch block levels). Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The documentation is not clear on what levels the prior lumbar fusion was at and facet blocks are not recommended in patients with prior fusion at the planned injection level. Also, the request for 3 levels exceeds the 2 facet joint levels recommended by the MTUS for these injections. For these reasons, the request is not medically necessary.