

Case Number:	CM15-0168748		
Date Assigned:	09/09/2015	Date of Injury:	05/26/2013
Decision Date:	10/08/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/27/2015

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 52 year old male, who sustained an industrial injury on 5-26-13. The injured worker has complaints of low back pain with radiation to legs. The documentation noted there is slight tenderness in the gluteus and piriformis muscles. The sacroiliac joints are slightly tender on the right. The injured worker is able to toe and heel walk with difficulty secondary to the lumbar spine pain. Straight leg raising is positive bilaterally pain and spasm bilaterally. Magnetic resonance imaging (MRI) of the lumbar spine on 5-14-15 showed there are degenerative changes within the lumbar spine, particularly at L4-5, relatively stable in comparison with the prior study. Lumbar spine X-rays on 5-14-15 was negative limited lumbar spine study. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc; lumbago and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included oxycontin; oxydocone; lodine and ambien. The original utilization review (8-6-15) non-certified a request for left lumbar facet steroid injection at L4-L5, L5-S1 (sacroiliac).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar facet steroid injection at L4-L5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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), Diagnostic facet joint blocks (injections).

Decision rationale: Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. No more than two facet joint levels are to be injected in one session. In this case, there are no physical examination findings that support a diagnosis of facet mediated pain such as facet tenderness or reproduction of symptoms with facet loading maneuvers. A three level bilateral procedure is being requested. The requested injection procedure is not considered medically necessary.