

Case Number:	CM15-0169827		
Date Assigned:	09/16/2015	Date of Injury:	03/27/1997
Decision Date:	10/15/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, California

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 is a 54 year old male, who sustained an industrial injury on March 27, 1997. He reported severe pain in his low back. The injured worker was currently diagnosed as having multilevel lumbar disc herniation, right knee meniscal tear, status post arthroscopy, right knee post-traumatic osteoarthritis, left knee medial compartment osteoarthritis, rule out meniscal tear of left knee and lower extremity radicular pain. Treatment to date has included diagnostic studies, medication, chiropractic treatment, epidural injections for the lumbar spine, knee injections, knee surgery and physical therapy. Outcomes from prior lumbar spine injections were not indicated. On July 24, 2015, the injured worker complained of lumbar spine pain rated as a 7-8 on a 1-10 pain scale. The pain was described as constant with radiation into the bilateral lower extremities with right knee pain rated a 6 on the pain scale. His pain medication was reported to take his pain down from a 9 to a 6 on the pain scale. Physical examination of the lumbar spine revealed tenderness and asymmetric loss of range of motion. Authorization for spine surgery consultation for his low back was noted to be pending. The treatment plan included topical compound cream, oral medications and a urine toxicology screen. On July 29, 2015, utilization review denied a request for one lumbar facet joint injection at right L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar facet joint injection at right L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 chapter and pg 36.

Decision rationale: In this case, the claimant had a positive straight leg raise test. Prior epidural injections indicated radiculopathy. The guidelines do not recommend facet blocks in those with radiculopathy. The request for L4-S1 injection is not medically necessary.