MAXIMUS Federal Services

Case Number:	CM15-0182574		
Date Assigned:	09/23/2015	Date of Injury:	07/29/2014
Decision Date:	10/28/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/16/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 42 year old female, who sustained an industrial injury on 7-29-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain-strain. On 8-4-2015, the injured worker reported bilateral wrist pain rated 4 out of 10, low back pain with medications and acupuncture helping to decrease the pain, headaches, neck pain rated 6 out of 10, and bilateral shoulder pain rated 5 out of 10. The Primary Treating Physician's report dated 8-4-2015, noted the injured worker's light touch sensation as left mid to anterior thigh, left mid to lateral calf, and left lateral ankle, with the treatment plan was noted to include bilateral L4-L5 and L5-S1 facet joint injections with acupuncture, lumbar spine corset, heating pad, and pain medicine consultation. Prior treatments have included L5-S1 interlaminar epidural steroid injection (ESI) on 12-4-2015, acupuncture, and medication. The Physician requested authorization to treat the injured worker's neck, headaches, shoulders, and upper extremities. The Primary Treating Physician's initial evaluation dated May 7, 2015, noted the injured worker's chief orthopedic complaint as lower back pain with upper back pain, right shoulder pain, and left shoulder pain as the other orthopedic complaints. The lumbar spine was noted to have diffuse tenderness, negative straight leg raise bilaterally, and pain with range of motion (ROM). The injured worker was noted to be temporarily totally disabled. A request for authorization was noted to request bilateral L4-L5, L5-S1 facet joint injections. The Utilization Review (UR) dated 9-1-2015, non-certified the request for bilateral L4-L5, L5-S1 facet joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5, L5-S1 facet joint injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Key case observations are as follows. The claimant was injured in 2014 with a lumbar sprain-strain. As of August, there was light touch sensation at left mid to anterior thigh, left mid to lateral calf, and left lateral ankle. Prior treatments have included L5-S1 interlaminar epidural steroid injection (ESI) on 12-4-2015, acupuncture, and medication. As of May, there was lower back pain with upper back pain, right shoulder pain, and left shoulder pain as the other orthopedic complaints. The lumbar spine was noted to have diffuse tenderness, negative straight leg raise bilaterally, and pain with range of motion (ROM). The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, page 298: Invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Given the weak endorsement of such injections in the evidence-based guides, the request was appropriately non-certified.