

Case Number:	CM15-0184842		
Date Assigned:	09/25/2015	Date of Injury:	10/22/2013
Decision Date:	11/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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 49 year old male, who sustained an industrial injury on 10-22-2013. He has reported subsequent low back pain radiating to the lower extremities and was diagnosed with spinal stenosis of the lumbar region, facet arthropathy and discogenic syndrome. MRI of the lumbar spine on 01-16-2014 was noted to show L3-S1 broad-based disc bulges and mild multilevel spondylosis and osteophyte complexes. Work status was documented as modified. Treatment to date has included pain medication, physical therapy, transcutaneous electrical nerve stimulator (TENS) unit, acupuncture, chiropractic therapy, application of heat and ice and a home exercise program which were noted to fail to significantly relieve pain and there was no documentation of a change in work status or improved quality of life. In a progress note dated 08-11-2015, the injured worker reported 3-4 out of 10 low back pain extending to the buttocks and posterior thighs with no improvement. Objective examination findings revealed a fair degree of tightness across the lumbosacral paraspinals with associated palpable discomfort, mild restrictions of lumbar flexion and mild-moderate restrictions with extension and mild facet loading irritation. The physician noted that the neuromuscular exam was fairly well preserved and that other than myofascial pain there was concern for possible facet joint pain. The physician indicated that bilateral L4-L5 and L5-S1 zygapophyseal joint injections were discussed from a potential diagnostic-therapeutic standpoint. A request for authorization of bilateral L5-S1 injections was submitted. As per the 09-14-2015 utilization review, the request for bilateral L5-S1 injections was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back facet joint injections.

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: The claimant sustained a work injury in October 2013 and is being treated for chronic low back pain. When seen, treatments had included physical therapy, chiropractic care, and acupuncture with limited relief. He was having low back pain with pain extending into the buttocks with occasional stabbing sensations into the posterior thighs without symptoms below the knees. Physical examination findings included restricted lumbar range of motion, moderate in extension and mildly positive facet loading. There was multilevel facet arthropathy by MRI. Bilateral L4/5 and L5/S1 facet injections were recommended. A request for injections at L5/S1 was submitted. 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, the claimant is not having radicular symptoms and has findings by examination that support the two level procedure referenced in the requesting provider's visit note. However, only a single level was requested. Performing the procedure at only a single level would increase the risk of a false negative diagnostic response to the procedure. For this reason, the request is not accepted as being medically necessary.