

Case Number:	CM15-0194140		
Date Assigned:	10/08/2015	Date of Injury:	05/31/2011
Decision Date:	11/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/02/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 79 year old male who sustained an industrial injury on 5-31-11. The injured worker reported discomfort in the low back and bilateral hips. A review of the medical records indicates that the injured worker is undergoing treatments for lumbalgia, lumbar spondylosis, sacroiliac joint dysfunction, failed back surgery syndrome and hip pain. Provider documentation dated 9-1-15 noted the work status as modified work restrictions. Treatment has included status post lumbar fusion, Tylenol, Norco, physical therapy, Nortriptyline, Ultram, Lidoderm Patch and lumbar spine magnetic resonance imaging. Objective findings dated 9-1-15 were notable for limited and painful range of motion, and lumbar paraspinals with tenderness. The original utilization review (9-8-15) partially approved a request for Facet joint injection at bilateral L3-4, L4-5, and L5-S under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint injection at bilateral L3-4, L4-5, and L5-S under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, and Intra-articular facet blocks.

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

Decision rationale: Per the guidelines, invasive techniques such as joint injections are of questionable merit in low back pain. Though the history and exam do suggest chronic pain and radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, or medications. The records do not substantiate the medical necessity of a facet joint injection at bilateral L3-4, L4-5, and L5-S under fluoroscopy. Therefore, the request is not medically necessary.