

Case Number:	CM15-0021495		
Date Assigned:	02/11/2015	Date of Injury:	09/23/2013
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/04/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 44 year old male who sustained an industrial injury on 09/23/2013. Current diagnoses include closed fracture of olecranon process of ulna, spine-lumbosacral spondylosis without myelopathy, and pain in joint-pelvic region and thigh. Previous treatments included medication management, left arm surgery, and physical therapy. Report dated 02/09/2015 noted that the injured worker presented with complaints that included back and leg pain. Physical examination was positive for abnormal findings. Utilization review performed on 01/16/2015 non-certified a prescription for lumbar spine facet joint injection with fluoroscopy and ultrasound, based on the guideline and lack of information cited. The reviewer referenced the ACOEM guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine facet joint injection with fluoroscopy and ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Low back section, Facet joint blocks

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar spine facet joint injection with fluoroscopy and ultrasound is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (e.g. local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet-mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; etc. In this case, the injured worker's working diagnoses are closed fracture of olecranon process of ulna; lumbosacral spine spondylosis without myelopathy; pain joint, pelvic region and thigh. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (e.g. local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Additionally, the documentation from a January 7, 2015 progress note does not provide a neurologic evaluation. Consequently, absent compelling clinical documentation in contravention of the recommended guidelines [ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8-8) Invasive techniques (e.g. local injections and facet joint injections of cortisone and lidocaine) are of questionable merit] and, consequently, lumbar spine facet joint injection with fluoroscopy under fluoroscopy and ultrasound is not medically necessary.