

Case Number:	CM15-0024580		
Date Assigned:	02/17/2015	Date of Injury:	02/14/2012
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/09/2015

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 59 year old female, who sustained a work related injury on 2/14/12. The diagnoses have included chronic low back pain, lumbar degenerative disc disease, lumbar radiculopathy and sacroiliac joint dysfunction bilaterally. Treatments to date have included bilateral sacroiliac joint injections, EMG study, oral medications, physical therapy, aqua therapy and acupuncture. In the Orthopedic evaluation dated 1/6/15, the injured worker complains of low back pain with pain that radiates down legs, right greater than left. She complains of occasional numbness to her right foot and toes. She rates the pain a 7/10. She states pain gets worse with long periods of activity. She has tenderness to palpation at the lumbosacral junction. On 1/7/15, Utilization Review non-certified a request for bilateral L2-3, L3-4 and L4-5 facet injections. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-3, L3-4, L4-5 facet injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections)

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for chronic radiating low back pain. In terms of lumbar facet injections, guidelines recommend that no more than two facet joint levels are injected in one session. In this case, the number of injections being requested is in excess of that recommended and therefore not medically necessary.