

Case Number:	CM15-0027355		
Date Assigned:	02/19/2015	Date of Injury:	06/20/2008
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/13/2015

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 42 year old female, who sustained an industrial injury on 6/20/2008. Details regarding the initial injury were not available for this review. The diagnoses have included lumbar degenerative disc disease with facet arthritis and SI joint dysfunction. She is status post lumbar microdiscectomy L4-5 2009. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, twenty four (24) physical therapy sessions, chiropractic therapy, lumbar epidural injections, and selective nerve root blocks. Currently, the IW complains of worsening back pain rated 5/10 VAS. Previous bilateral L4-5 facet injections were noted to have been effective and wearing off. The physical examination from 1/15/15 documented pain with extension in lumbar spine and tenderness. The plan of care included repeat L4-5 bilateral facet blocks, continued medications, and activity modification. On 1/29/2015 Utilization Review non-certified a bilateral L4-5 facet joint injection, noting the requested treatment will offer no long term functional benefit. The MTUS and ACOEM Guidelines were cited. On 2/13/2015, the injured worker submitted an application for IMR for review of bilateral L4-5 facet joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 facet joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: Facet joint injections are of questionable merit in low back pain. Though the history and exam do suggest 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. Additionally, the facet injection has already been provided in the past with only temporary relief in symptoms. The records do not substantiate the medical necessity of a bilateral facet joint injection at L4-5.