

Case Number:	CM15-0216668		
Date Assigned:	11/06/2015	Date of Injury:	06/19/2013
Decision Date:	12/21/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/03/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 50-year-old male, with a reported date of injury of 06-19-2013. The diagnoses include contusion of right wrist, right de Quervain's tenosynovitis, low back pain, right scapholunate ligament tear, lumbar radiculopathy, and facet arthropathy. The progress report dated 09-08-2015 indicates that the injured worker complained of right wrist pain and low back pain. The low back pain radiated to the bilateral legs. It was noted that the injured worker was taking his medications as prescribed, and he stated that the medications were working well. It was also noted that the injured worker's condition remained unchanged. On the day of the visit, the injured worker rated his pain 6 out of 10. The physical examination was not performed on the day of the visit. The treating provider indicated that the injured worker was able to work with temporary restrictions, and noted that the injured worker was not yet permanent and stationary. The progress report dated 09-30-2015 indicates that the injured worker stated that the medications were working well and no side effects were reported. He complained of right wrist pain and low back pain with radiation to the bilateral legs, worse with extension. On the day of the visit, the injured worker rated his pain 6 out of 10. The physical examination only showed objective findings regarding the right wrist. The treating provider indicated that the injured worker was able to work with temporary restrictions, and noted that the injured worker was not yet permanent and stationary. The diagnostic studies to date have included a urine drug screen on 09-09-2015, which was consistent for hydrocodone. Treatments and evaluation to date have included physical therapy (failed), epidural steroid injection (failed), Motrin, Terocin patch, hydrocodone-acetaminophen, and Cymbalta. The treating physician requested lumbar facet

injections to address the axial component of the injured worker's back pain. On 10-16-2015, Utilization Review (UR) non-certified the request for lumbar facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 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 Official Disability Guidelines (ODG) Low Back section, facet joint pain/injections.

Decision rationale: The MTUS is silent regarding therapeutic facet joint injections. The ODG discusses the criteria for the use of therapeutic facet joint block injections: 1. No more than one injection at one time, 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, 3. If previously successful (pain relief of 70 percent or greater, plus pain relief of 50 percent or greater for a duration of at least 6 weeks), a medial branch diagnostic block and subsequent neurotomy may be considered, 4. No more than 2 joint levels may be blocked at any one time, and 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. It was not clear from the notes provided if this request for lumbar facet injections was for diagnostic purposes or therapeutic, in this case. However, regardless, there was no number of injections or location of injection included in the request. Also, there was insufficient inclusion of physical findings of facet joint pain/tenderness to consider facet joint injections. Therefore, without these requirements being met, this request for lumbar facet injections will be considered not medically necessary at this time.