

Case Number:	CM15-0223581		
Date Assigned:	11/19/2015	Date of Injury:	07/08/2014
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/13/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 66 year old female, who sustained an industrial injury on 7-8-2014. The medical records indicate that the injured worker is undergoing treatment for L5-S1 spondylolisthesis and right S1 radiculopathy. The progress report dated 9-28-2015 is hand written and difficult to decipher. The injured worker presented with complaints of pain in the right leg, associated with numbness. The level of pain is not rated. The physical examination of the lumbar spine reveals decreased deep tendon reflexes and positive straight leg raise test on the right. The medications prescribed are Norco and Baclofen. Previous diagnostic studies include MRI of the lumbar spine (11-14-2014). The MRI report noted grade I anterolisthesis of L4 on L5, broad-based 4-5 millimeter posterior disc protrusion L3-4, and broad-based 3-4 millimeter posterior disc protrusion L4-5 and L5-S1. Treatments to date include medication management and epidural steroid injection (90% relief for 3 months). Work status is described as off work. The original utilization review (10-15-2015) had non-certified a request for left L4-S1 facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left L4-S1 facet injection as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: This 66 year old female has complained of low back pain since date of injury 7/8/2014. She has been treated with epidural steroid injection, physical therapy and medications. The current request is for one left L4-S1 facet injection as an outpatient. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the available medical records and per the MTUS guidelines cited above, one left L4-S1 facet injection as an outpatient is not medically necessary.