

Case Number:	CM15-0030653		
Date Assigned:	02/24/2015	Date of Injury:	09/06/2001
Decision Date:	04/03/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 63 year old female sustained an industrial injury on 9/6/01, with subsequent ongoing low back pain. In a PR-2 dated 1/22/15, the injured worker complained of increasing low back pain with radiation to left hip and flank, and intermittent left sciatic notch pain. The injured worker had undergone facet injection at L4-5 and L5-S1 on 9/17/14, with initial marked improvement in motion, function and gait as well as a decrease in requirement for medications. By 12/2/14, the injured worker was complaining of increasing pain with burning, numbness, weakness, limp and occasional falling down and giving way in the left leg. Physical exam was remarkable for visible lumbar spine muscle spasm with positive left straight leg raise, minimal sciatic notch pain and marked visible listing on standing with rib hump on forward bending. Current diagnoses included herniated nucleus pulposus lumbar and sciatica. The treatment plan included repeat L4-L5, L5-S1 facet injection. On 2/2/15, Utilization Review noncertified a request for L4-L5, L5-S1 facet injection citing ACOEM and CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5, L5-S1 facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back - Lumbar & Thoracic (Acute & Chronic)Facet injections.

Decision rationale: The injured worker sustained a work related injury on 9/6/01. The medical records provided indicate the diagnosis of herniated nucleus pulposus lumbar and sciatica. Treatments has included Epidural steroid injections, Facet neuronotomy. The medical records provided for review do not indicate a medical necessity for L4-L5, L5-S1 facet injection. The MTUS recommends against the use of Lumbar facet injections. The Official Disability Guidelines considers it as controversial.