

Case Number:	CM15-0035723		
Date Assigned:	03/04/2015	Date of Injury:	07/11/1995
Decision Date:	04/15/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44-year-old male, who sustained a work related injury on 7/11/95. The diagnoses have included lumbar strain/sprain and lumbosacral spondylosis without myelopathy. Treatments to date have included medications, a MRI lumbar spine done 10/20/1999, x-rays lumbar spine, physical therapy and home exercises. In the PR-2 dated 1/21/15, the injured worker complains of back and spine pain. He has tenderness pain with flexion of lower back. He has tenderness to right facet joint L4-5. He has questionable radiculopathy pain in legs. The request was made for certification of a cortisone injection of the right L4-5 facet joint under fluoroscopy. On 1/29/15, Utilization Review non-certified a request for a cortisone injection of the right L4-5 facet joint under fluoroscopy The California MTUS, ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection of the right facet joint under fluoroscopy at L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Complaints.

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

Decision rationale: This patient presents with lumbar sprain and strain, neck sprain and strain, carpal tunnel syndrome, lumbosacral spondylosis without myelopathy, and atherosclerosis of native arteries of the extremities. The request is for CORTISONE INJECTION OF THE RIGHT FACET JOINT UNDER FLUOROSCOPY AT L4-L5 on 12/11/14. The patient is remaining off work per 01/02/15 report. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint diagnostic blocks (injections): "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." Review of reports does not show any prior cortisone facet joint injection. Per 12/09/14 report, the treater noted that the patient has "recent exacerbation/flare-up back pain and muscle spasm" and pain restricts daily activity with functional limitations. Examination showed facet joint tenderness to palpation as well. In this case, the patient has lateralized low-back pain that is non-radicular and the request is reasonable. The request IS medically necessary.