

Case Number:	CM15-0037002		
Date Assigned:	03/05/2015	Date of Injury:	03/19/2014
Decision Date:	05/12/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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 37 year old male, who sustained an industrial injury on 3/19/2014. Currently he reports radiating low back, stabbing pain, into the right buttock, with tingling in his foot. The injured worker was diagnosed with, and/or impressions were noted to include mild degenerative lumbar changes, with disc bulging and multilevel bilateral facet arthrosis, without evidence of compression or impingement, and asymptomatic lumbar radiculopathy. Treatments to date have included consultations, with diagnostic laboratories, x-rays, electromyogram (1/13/15), and magnetic resonance imaging lumbar (5/9/14); with 10 physical therapy sessions, 4 acupuncture sessions, activity modifications, and medication management. The latest physician examination, dated 12/18/2014, notes minimal response to physical therapy, no response to acupuncture therapy, minimal relief from the medication regimen, and that no injections or surgeries have been provided for his low back complaints. The current plan of treatment includes lumbosacral intra-articular facet injection therapy for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-articular Facet Injection at the right L4-5, L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet-joint injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter- Lumbar & Thoracic, Section Facet Joint Medial Branch Block (Therapeutic Injections).

Decision rationale: The patient presents with low back and right buttock pain. The request is for an INTRA-ARTICULAR FACET INJECTION AT THE RIGHT L4-5, L5-S1. The RFA provided is dated 10/29/14 and the patient's date of injury is 03/19/14. The patient has a diagnoses of degenerative lumbar changes, with disc bulging and multilevel bilateral facet arthrosis, without evidence of compression or impingement, and asymptomatic lumbar radiculopathy. Per 01/20/15 report, physical examination to the lumbar spine revealed tenderness to palpation over the right L4-5 and L5-S1 facet region, right is worse than left. There is positive facet loading of the lumbar spine at bilateral L4-5 and L5-S1 levels, right much greater than left. Decreased range of motion, especially on extension, 10 degrees. MRI of the lumbar spine performed on 05/09/14 revealed mild degenerative disc changes with shallow noncompressive disc bulging affects L5-S1 and L4-L5. Treatments to date have included consultations, with diagnostic laboratories, x-rays, electromyogram (1/13/15), and magnetic resonance imaging - lumbar (5/9/14); with 10 physical therapy sessions, 4 acupuncture sessions, activity modifications, and medication management. The patient is temporarily partially disabled. The ACOEM guidelines page 300-301 do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines on the Low Back Chapte Lumbar & Thoracic, Section Facet Joint Medial Branch Block (Therapeutic Injections) also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms, negative SLR and sensory examination. No more than 2 levels bilaterally are recommended. The treater has not provided a reason for the request. Medical records provided do not show any prior injections. In this case, the patient presents with tenderness over the right L4-L5 and L5-S1 with non-radicular symptoms. The request is indicated by ODG guidelines and therefore, IS medically necessary.