

Case Number:	CM15-0039291		
Date Assigned:	03/09/2015	Date of Injury:	11/05/2009
Decision Date:	04/24/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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 male patient, who sustained an industrial injury on 11/05/2009. A primary treating office visit dated 12/12/2014, reported chief complaint of low back pain. Previous treatments include; 2 sessions of acupuncture, 7 sessions of physical therapy, anti-inflammatories, and oral medications. Objective findings showed decreased sensation pinprick along bilateral L4-S1 dermatomal distributions. A magnetic resonance imaging of lumbar spine showed L5-S1 grade anterolisthesis with bilateral L5 spondylosis, but without evidence for canal stenosis or neural foraminal narrowing at any level. The following diagnoses are applied: lumbar spondylosis without myelopathy; bilateral L5 spondylosis; lumbar herniated disc; lumbago and cervicgia. The plan of care involved changing Norco 10/325mg 1 po every 6 hrs for pain is switched to Morphine Sulfate IR 15mg 1 po every 8 hours for pain, and #90 dispensed. The patient was instructed to bring back any extra Norco for proper disposal. Lyrica was noted discontinued and Omeprazole, and Restoril were refilled. The patient is to follow up in one months time. On 03/12/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-S1 Facet Joint Injections x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint pain, Facet joint diagnostic blocks (injections), Facet joint injections, multiple series.

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 - Lumbar & Thoracic facet joint injections.

Decision rationale: The injured worker is being treated for chronic low back and neck pain diagnosed as lumbar spondylosis, lumbar degenerative disc disease and cervicalgia. Treatment trials of acupuncture, physical therapy did not offer sustained release. Patient was apparently intolerant to nonsteroidal anti-inflammatory medications. Current medication regimen includes Norco 10/325 3 to 4 times a day, gabapentin 600 mg daily, Prilosec 20 mg daily, Restoril 15 mg at bedtime and temazepam 50 mg daily. Physical examination demonstrates neurologic deficits pain limited hip flexion, impaired sensation along bilateral L4-S1 dermatomes with negative straight leg raise test, FAIR and Fabere signs. There is also notable impaired lumbar range of motion and tenderness to palpation of the lumbar paraspinal muscles. On 2/15/15 orthopedic evaluation indicates plans for repair of bilateral pars defects for painful spondylolisthesis. Request was subsequently made for continuation of Norco, trazodone, Lunesta, only prays all and bilateral L3-S1 facet joint injections x 2. ODG guidelines provide very specific criteria for lumbar facet joint injections. Of which, no more than 2 facet joint levels are injected in one session. The request as written is for more than 2 levels and request 2 sessions without evaluation of response. The request as written is therefore not medically necessary although the patient may be a candidate for diagnostic blocks.