MAXIMUS Federal Services

Case Number:	CM15-0040238		
Date Assigned:	03/10/2015	Date of Injury:	12/01/2009
Decision Date:	04/23/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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 58 year old male, who sustained an industrial injury on December 1, 2009. The injured worker reported back pain. The injured worker was diagnosed as having lumbar disc displacement, lumbar radiculopathy and low back pain. Treatment and diagnostic studies to date have included medications and magnetic resonance imaging (MRI). A progress note dated January 8, 2015 the injured worker complains of low back pain described as sharp and burning. Physical exam notes lumbar tenderness and normal gait. The plan includes lumbar facet joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5, L5-S1 Lumbar Facet Injection with monitored anesthesia care: 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 (ODG), Low Back, 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 - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint pain, signs & symptoms.

Decision rationale: The 58 year old patient presents with pain in the lower back that shoots across the back and is accompanied by numbness, tingling and weakness, as per progress report dated 01/08/15. The request is for BILATERAL L4-5, L5-S1 LUMBAR FACET INJECTION WITH MONITORED ANETHESIA CARE. The RFA for the case is dated 02/02/15, and the patient's date of injury is 12/01/09. Diagnoses, as per progress report dated 01/08/15, included lower back pain, lumbar disc displacement, and lumbar radiculopathy. The patient is retired, as per the same progress report. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, state that: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. The ACOEM guidelines, chapter 12, state "Repeated diagnostic injections in the same location(s) are not recommended."In this case, only one progress report dated 01/08/15 has been provided for review. The treating physician is requesting for facet joint injections as "a lot of his pain comes from posterior elements of the spine, namely facet joints." However, the patient has been diagnosed with lumbar radiculopathy and the straight leg raise is positive as per the progress report. The patient does not meet the criteria listed by ODG guidelines for facet joint injections. Hence, the request IS NOT medically necessary.