

Case Number:	CM15-0042489		
Date Assigned:	03/12/2015	Date of Injury:	09/26/2013
Decision Date:	04/16/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/06/2015

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: Emergency 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:

The injured worker is a 47 year old male who sustained an industrial injury on September 26, 2013. The injured worker was diagnosed with lumbar/lumbosacral degenerative disc disease and thoracic or lumbosacral neuritis/radiculitis. According to the primary treating physician's progress report on January 9, 2015, the injured worker complained of continued pain in the lower back. Examination of the lumbar spine demonstrated decreased range of motion and tenderness of the left paravertebral muscles. Straight leg raise was positive bilaterally at 90 degrees in the sitting position. Sensory and motor were intact with normal gait. There was no evidence of radiculopathy. The primary treating physician requested L3-S1 right facet joint injections with continued ice, heat and home exercise therapy and current medications of Norco, Fenoprofen, Omeprazole, Terocin and Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint Injection (Lumbar L3-S1 sacroiliac), Right sided: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic).

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), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Facet Joint Injection (Lumbar L3-S1 sacroiliac), Right sided, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back -Lumbar &Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The injured worker has continued pain in the lower back. Examination of the lumbar spine demonstrated decreased range of motion and tenderness of the left paravertebral muscles. Straight leg raise was positive bilaterally at 90 degrees in the sitting position. Sensory and motor were intact with normal gait. The treating physician has documented lumbar/lumbosacral degenerative disc disease and thoracic or lumbosacral neuritis/radiculitis. The treating physician does not documented positive facet compression tests on exam nor facet arthropathy on imaging study. The criteria noted above not having been met, Facet Joint Injection (Lumbar L3-S1 sacroiliac), Right sided is not medically necessary.