MAXIMUS Federal Services

Case Number:	CM15-0045392		
Date Assigned:	03/17/2015	Date of Injury:	05/23/2011
Decision Date:	04/24/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/10/2015

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, Hawaii
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 54-year-old female, with a reported date of injury of 05/23/2011. The diagnoses include chronic low back pain, status post anterior and posterior L4-S1 fusion with instrumentation and removal of the hardware, and displacement of lumbar intervertebral disc. Treatments to date have included a computerized tomography (CT) scan of the lumbar spine on 02/04/2015, an MRI of the lumbar spine on 07/01/2014, removal of hardware at the L4-S1 level. The progress report dated 11/20/2014 indicates that the injured worker complained of back pain. She stated that it was residual pain, but remains stable. The objective findings include normal bilateral plantar flexion and dorsiflexion and intact bilateral sensation to light touch. The treating physician requested bilateral L3-4 facet injections. The medical report from which the request originates was not included in the medical records provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4 Facet injections: Overturned

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

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

Decision rationale: The patient presents with pain in the lumbar spine region. The current request is for bilateral L3-4 facet injections. The treating physician states on 2/5/15 (B7) "I would like to send this patient for facet injections at the level of L3-4, especially on the site of the screw removal, which is the right side. However, the injection should be bilateral at the level L3-4." ODG recommends facet joint diagnostic blocks (injections) in the absence of radicular findings, with predominate axial low back pain and when tenderness to palpation of the paravertebral areas over the facet joints is present. There also needs to be documentation of failure of conservative treatments and no more than two joint levels can be addressed. In this case, the treating physician's has documented tenderness upon palpation of the paravertebral areas and lack of radiculopathy. There is no documentation of prior facet joint injection trial. The current request is medically necessary and the recommendation is for authorization.