

Case Number:	CM15-0046014		
Date Assigned:	03/18/2015	Date of Injury:	03/15/2010
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old male, who sustained an industrial injury on 3/15/2010. There were no details of the initial injury and prior treatments submitted for this review. The diagnoses have included lumbar spondylosis, myofascial pain syndrome, and knee pain. Currently, the IW complains of a re-injury to the left knee and low back while walking down stairs. The pain was rated 8/10 VAS. The physical examination from 2/10/15 documented an antalgic gait with tenderness bilaterally in lumbar spine facet joints and muscles. There was tenderness over medial and lateral aspects of the left knee. The plan of care included bilateral facet joint injections and Magnetic Resonance Imaging (MRI) of lumbar spine and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Joint Injection under IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); criteria for use of diagnostic blocks for facet indicated pain.

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, facet joint diagnostic blocks.

Decision rationale: The progress note dated February 10, 2015 indicates that although the original stated date of injury was 2010 there was a re-injury on January 28, 2015 affecting both the low back and the left knee. The mechanism of injury was walking downstairs in the dark and missing a step hyper extending the left leg and twisting the low back. Since this re-injury there has been no documentation that the injured employee has participated in any physical therapy that may improve his back. There are also no x-rays that demonstrate any potential facet pathology. In addition, facet joint injections are to be done for diagnostic purposes, and without IV sedation, according to aforementioned citation. For these reasons, this request for a bilateral facet joint injection under IV sedation is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine, MRI.

Decision rationale: Since the previously mentioned re-injury on January 28, 2015, no plain radiographs have been obtained prior to this request for this MRI. The official disability guidelines indicate that radiographs should initially be obtained. Therefore, this request for an MRI the lumbar spine is not medically necessary at this time.

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI.

Decision rationale: Since the previously mentioned re-injury on January 28, 2015, no plain radiographs have been obtained prior to this request for this MRI. The official disability guidelines indicate that radiographs should initially be obtained. Therefore, this request for an MRI the left knee is not medically necessary at this time.