

Case Number:	CM15-0048525		
Date Assigned:	03/20/2015	Date of Injury:	09/06/2013
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/13/2015

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, 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 was a 33 year old female, who sustained an industrial injury, September 6, 2013. The injury was sustained when all of a sudden the scaffolding fell apart. The injured worker jumped back to avoid being hit. The injured worker inured the back when hitting the corner of the wall and landed on the feet in a bent position. The injured worker previously received the following treatments toxicology laboratory stars, x-rays, chiropractic services, lumbar spine MRI, Ibuprofen, muscle relaxants and analgesic balm. The injured worker was diagnosed with lumbar disc syndrome, lumbar strain/sprain, thoracic sprain/strain, segmental dysfunction of the lumbar spine and segmental dysfunction of the thoracic spine. According to progress note of February 3, 2015, the injured workers chief complaint was low back pain and numbness of the right leg and mid and upper back pain increased on the right and shoulder blade area. The pain was aggravated by coughing and sneezing. The injured worker was having trouble with twisting, bending and heavy lifting. The injured worker was having right leg numbness with going to the bathroom straining. The treatment plan included bilateral L4-5 and L5-S1 facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 facet injections: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for facet injections, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also recommend the use of medial branch blocks over intraarticular facet joint injections as, "although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy." Within the documentation available for review, there are recent physical examination findings supporting a diagnosis of facet arthropathy. Additionally, no recently documented complaints or objective findings identify active symptoms of radiculopathy. Furthermore, it appears the patient has undergone various conservative treatment measures over the past two years. As such, the currently requested Bilateral L4-L5 and L5-S1 facet injections are medically necessary.