

Case Number:	CM15-0080760		
Date Assigned:	05/01/2015	Date of Injury:	02/21/2013
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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: Massachusetts

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 is a 67 year old male who sustained an industrial injury on 02/21/2013. Current diagnoses include residual lumbar pain with no radiculopathy. Previous treatments included medication management, epidural injection, and physical therapy. Previous diagnostic studies include x-rays and MRI of the lumbar spine and knees. Report dated 03/20/2015 noted that the injured worker presented with complaints that included residual back pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included recommendation for a facet joint injection which was previously requested. Report dated 02/06/2015 noted that the injured worker has received 60% improvement of complaints with injection performed on 12/13/2014. Disputed treatments include facet joint injection at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint injection at L4-L5 and L5-S1: Overturned

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) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic low back pain with lower extremity radiating symptoms. He underwent a lumbar epidural steroid injection in December 2014 with a resolution of leg symptoms and an overall 60% improvement. When seen, he had left low back pain radiating to the buttock increased with flexion, extension, and rotation. Straight leg raising was negative and there was a normal neurological examination. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading and has undergone extensive prior conservative treatment. The criteria are met and therefore the requested two level lumbar facet injection procedure is medically necessary.