

Case Number:	CM15-0081128		
Date Assigned:	05/01/2015	Date of Injury:	07/26/2011
Decision Date:	06/05/2015	UR Denial Date:	04/14/2015
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: California

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 48 year old male, who sustained an industrial injury on 7/26/2011. Multiple dates of injury were referenced within the medical records. He reported twisting and striking his back after a slip and fall. The injured worker was diagnosed as having degeneration of thoracic or lumbar intervertebral disc. Treatment to date has included diagnostics, physical therapy, and medications. Lumbar x-rays (1/22/2015) were submitted and recent magnetic resonance imaging of the lumbar spine was referenced. Currently (3/27/2015), the injured worker complains of right sided low back pain, with radiation down the back of his right leg into his calf. Medication use was documented as Tylenol ES, Soma, and Colace. Physical exam of the lumbar spine noted slightly decreased range of motion with flexion. His pain was worse upon facet loading with lumbar extension and lateral bending to the right side. Tenderness to palpation was noted in the right low lumbar facet region. Straight leg raise test was positive on the right for low back pain with radiation down the right leg. Diminished sensation in the right L5-S1 dermatomes was noted. Magnetic resonance imaging of the lumbar spine dated 3/12/15 was reviewed and documented to show signs of disc desiccation, but most significant was the ligamentum flavum hypertrophy along with facet joint hypertrophy that contributed to neuroforaminal narrowing bilaterally at L4-5, right side worse than the left, and neuroforaminal narrowing at bilaterally at L5-S1, more significant on the right side at L4-5. There was also neuroforaminal narrowing bilaterally at L3-4. The treatment plan included lumbar facet block injections at L4-5 and L5-S1 on the right side, for both diagnostic and therapeutic purposes, and additional physical therapy. He was documented as medically retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection at Right L4-5, L5-S1: 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), Lumbar - Facet injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

Decision rationale: MTUS Guidelines clearly do not support facet blocks for acute, subacute, or chronic lumbar pain or for any radicular pain syndrome and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. Additionally, no more than 2 joint levels are injected in one session is recommended, in this case at L4, L5, and S1. Per report review, objective findings indicate radiculopathy symptoms along with diminished sensation at right L5-S1 dermatomes that would be more indicative of radiculopathy, a contraindication to facet injections, as they are limited to patients with lumbar pain that is non-radicular. Submitted reports have not documented failure of conservative treatment (including home exercise, PT and NSAIDs). The Lumbar facet injection at Right L4-5, L5-S1 are not medically necessary and appropriate.