

Case Number:	CM15-0084240		
Date Assigned:	05/06/2015	Date of Injury:	12/09/2010
Decision Date:	06/18/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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:

This 40 year old male sustained an industrial injury on 12/9/10. He subsequently reported Diagnoses include lumbar disc disorder and spinal enthesopathy. Treatments to date include x-ray and MRI testing and prescription pain medications. The injured worker continues to complain of low back pain that radiates to the lower extremities. Upon examination, on palpation, paravertebral muscles, hypertonicity, spasm and tenderness is noted on both sides. Spinous process tenderness is noted on L4 and L5. Straight leg raising test is positive on the left side in supine position at 45 degrees. A request for Right facet injections at L3-L4, L4-L5, L5-S1 lumbar spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right facet injections at L3-L4, L4-L5, L5-S1 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. 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): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Facet Joint Injections.

Decision rationale: The 41 year old patient complains of low back pain, bilateral lower extremity pain, and weakness, rated at 8/10, as per progress report dated 03/31/15. The request is for Right Facet Joint Injections at L3-4, L4-5, L5-S1 - Lumbar Spine. The RFA for the case is dated 02/27/15, and the patient's date of injury is 12/09/10. Diagnoses, as per progress report dated 03/31/15, included lumbar disc disorder and spinal enthesopathy. Medications included Viagra, Flexeril and Ultram. The patient is temporarily totally disabled, as per the same progress report. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, state that: 1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. The ACOEM guidelines, chapter 12, pg. 300-301 state "Repeated diagnostic injections in the same location(s) are not recommended." In this case, the progress reports do not document prior facet joint injections to the lumbar spine. However, the UR denial letter, dated 04/23/15, states that the two facet injection requests were authorized in November 2014 and March 2015. It is not clear if the patient has received these injections or not. The progress reports do not document their administration or outcome. ACOEM does not support repeat injections at the same location. Finally, the request is for 3 level injections and ODG does not support more than two level injections. Hence, the request IS NOT medically necessary.