

Case Number:	CM15-0084826		
Date Assigned:	05/07/2015	Date of Injury:	07/11/2014
Decision Date:	06/12/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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: Family Practice

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 year old male with an industrial injury dated 7/11/2014. The injured worker's diagnoses include L4-L5 spondylolisthesis, L5-S1 disc protrusion, left lumbar radicular pain, facet arthropathy, L4-L5 and L5-S1 levels and lower back pain secondary to facet disease. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/7/2015, the injured worker reported persistent lower back pain. Objective findings revealed tenderness to palpitation of bilateral lumbar paraspinal regions overlying the L4-L5 and L5-S1 facet joints. Magnetic Resonance Imaging (MRI) scan revealed L5-S1 left foraminal disc protrusion along with L4-L5 spondylolisthesis and L4-L5 and L5-S1 facet arthropathy. The treating physician prescribed one post injection follow up and bilateral L4-5 and L5-S1 under fluoroscopic guidance now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Post injection follow up: 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, Office Visits.

Decision rationale: According to ODG, office visits are recommended as determined to be medically necessary. The request for facet injection has not been deemed medically necessary and appropriate. The request for 1 Post injection follow up is therefore not medically necessary and appropriate.

Bilateral L4-5 and L5-S1 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: According to the MTUS guidelines, invasive techniques such as facet-joint injections are of questionable merit. The guidelines state that despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. According to ODG, facet joint intra-articular injections (therapeutic blocks) are under study. In addition, it should be noted that prior to the most recent examination report, there was no evidence of facet-mediated pain on prior narratives. The request for Bilateral L4-5 and L5-S1 facet injection under fluoroscopic guidance is not medically necessary and appropriate.