

Case Number:	CM15-0085306		
Date Assigned:	05/07/2015	Date of Injury:	08/02/2004
Decision Date:	06/08/2015	UR Denial Date:	04/01/2015
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: 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 66-year-old male, who sustained an industrial injury on August 2, 2004. The injured worker was diagnosed as having knee joint pain, sacroiliac joint pain, left full thickness rotator cuff tear, lumbar degenerative joint disease (DJD), and spondylosis and facet arthropathy. Treatment and diagnostic studies to date have included epidural steroid injection, nerve blocks, physical therapy, acupuncture, chiropractic and medication. A progress note dated March 18, 2015 provides the injured worker complains of low back pain rated 7/10 with numbness and tingling and unchanged. Magnetic resonance imaging (MRI) studies were reviewed. Physical exam notes left shoulder tenderness with impingement and lumbar and sacroiliac tenderness. The plan includes lumbar facet injections and continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4, L4-5, L5-S1 lumbar facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg numbness/tingling complaints s/p lumbar epidural steroid injections. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Additionally, facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently submitted reports have not demonstrated support outside guidelines criteria. The Bilateral L3-4, L4-5, L5-S1 lumbar facet injections is not medically necessary and appropriate.