

Case Number:	CM15-0088474		
Date Assigned:	05/12/2015	Date of Injury:	04/11/2013
Decision Date:	06/17/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/08/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 52-year-old male who sustained an industrial injury on 04/11/2013 secondary to a 12-foot fall from a roof. The injured worker sustained multiple left sided rib fractures, non-displaced transverse process fracture at left C7, lumbar strain, lumbar degenerative disc disease, left knee strain/sprain, headaches and soft tissue head injuries. The injured worker is status post left shoulder arthroscopy with coracoclavicular ligament reconstruction in December 2013. Treatment to date includes diagnostic testing, physical therapy, aquatic therapy, multiple specialist consultation, transcutaneous electrical nerve stimulation (TEN's) unit and medications. According to the primary treating physician's progress report on April 21, 2015, the injured worker continues to experience low back pain. The injured worker rates his pain level at 4-7/10. Positive facet loading test on the left side was noted. There was no further detail discussed. Current medications are listed as Norco and Flexeril. Treatment plan consists of medication regimen and the current request for left L4, L5 and S1 facet joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4, L5 and S1 facet joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), low back chapter, facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174 & 181, page(s) 300 & 307.

Decision rationale: The ACOEM Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck and lower back, pain in the left knee, and problems sleeping. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for facet joint injections at the left side of the L4, L5, and S1 levels is not medically necessary.