

Case Number:	CM14-0137261		
Date Assigned:	09/05/2014	Date of Injury:	10/19/2013
Decision Date:	05/01/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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, Hawaii

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 35-year-old male, who sustained an industrial injury on 10/19/2013. Diagnoses include lumbar radiculopathy, left shoulder arthropathy and upper mid back pain. Treatment to date has included trigger point impedance imaging, magnetic resonance imaging (MRI), hot packs, cold packs, acupuncture, shockwave therapy, massage, traction, ultrasound, exercise, TENS unit and chiropractic care. Per the Primary Treating Physician's Progress Report dated 4/18/2014, the injured worker reported low back, left shoulder and upper mid back pain. Low back pain is rated as 6-7/10 and radiates along the lower extremities. Left shoulder pain ranges from 6-7/10 and radiates along the left upper extremity. The upper-mid back pain ranges from 8-9/10 and radiates along the lower extremities. Physical examination revealed lumbar spine facet tenderness and decreased range of motion to flexion, extension, passive lateral flexion and passive rotation. Straight leg raise was positive bilaterally. There was reduced range of motion to the left shoulder upon flexion, extension, adduction and external rotation. The thoracic spine has reduced range of motion upon flexion, extension left rotation and left flexion. The plan of care included medications and injections and authorization was requested for epidural steroid facet injections at L4-L5 and L5-S1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Facet Injections at L4-L5, L5-S1, bilateral under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 07/03/14), Facet Joint Diagnostic Blocks (Injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Facet Injections.

Decision rationale: The patient presents with low back pain. The current request is for Epidural Steroid Facet Injections at L4-L5, L5-S1, bilateral under fluoroscopy. The treating physician states, "Epidural Steroid Facet Injections at L4-L5, L5-S1 level on both sides. Facet Injections would address the pain in the paraspinous areas that is accounted for by the extradural innervation of the facets and is largely untouched by epidural injections." The lumbar MRI findings revealed disc bulges and protrusions at the lower lumbar spine. (54B) The ODG guidelines state specifically the criteria used for facet joint pain injections, which include tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings and normal straight leg tests. In this case, the treating physician has documented that the patient has tenderness over the bilateral L4-L5 & L5-S1 region but also documented positive Straight Leg Tests and has diagnosed the patient with lumbar radiculopathy. (51B) The current request for a facet injection is not medically necessary and the recommendation is for denial.