

Case Number:	CM15-0103197		
Date Assigned:	06/05/2015	Date of Injury:	10/06/2008
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old male, who sustained an industrial injury on 10/06/2008. The injured worker is currently diagnosed as having lumbosacral spondylosis without myelopathy, lumbar herniated nucleus pulposus and obesity. Treatments and diagnostics to date has included lumbar spine MRI which showed previous lumbar laminectomy with disc protrusion, lumbar laminectomy and re-do surgeries, pain injections and medications. The most recent MRI of the lumbar spine dated 12/8/2014 noted multilevel degenerative and post-operative changes. There was impingement of the left L2, L3 and right L3, L4 nerve roots. In a progress note dated 05/11/2015, the injured worker presented with complaints of lumbar spine pain. Objective findings include lumbar tenderness and pain with range of motion. The treating physician reported requesting authorization for lumbar spine facet joint injection. The medications listed are omeprazole, ibuprofen, gabapentin, Anaprox, Ultram, Norco and Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine facet joint injection at right side L4-5 with fluoroscopy and ultrasound:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with lumbar radiculopathy. The guidelines recommend that facet injections can be utilized only for non radicular lumbar pain. The patient had previously completed epidural steroid injections which the guidelines recommend for lumbar radiculopathy. The criteria for right L4-L5 lumbar facet injection with fluoroscopy and ultrasound was not met. Therefore, the requested treatment is not medically necessary.