

Case Number:	CM15-0015300		
Date Assigned:	02/03/2015	Date of Injury:	05/21/2008
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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 54-year old male, who sustained an industrial injury on May 21, 2008. He has reported stepping out of a truck onto the ground and twisted his back. The diagnoses have included hip pain, low back pain, lumbar post-laminectomy syndrome, lumbar radiculopathy, degenerative disc disease of the lumbar spine and chronic pain. Treatment to date has included pain medication, muscle relaxants, anti-inflammatory medication, epidural steroid injection, physical therapy with a home exercise program, injections, L5-S1 lumbar fusion and routine follow up. Currently, the IW complains of bilateral low back pain that was described as aching, cramping and burning in nature. Pain was made worse by sitting and was made better with sleep, medication and walking. The worker rated her average pain as a two on a scale of ten and her worst pain was rated a four. Pain was documented as worse first thing in the morning and in the evening. The documentation reflected that the worker had an epidural steroid injection on December 15, 2014, which provided some relief, and some increase in functional status. On January 12, 2013, the Utilization Review decision non-certified a request for right lumbar facet joint injection at the levels of L3-S1 with fluoroscopy and sedation, noting the number of levels exceed the recommended guidelines and there was no documentation of failure of conservative treatment and the worker had minimal complaints of pain. The ODG Treatment Index for Low Back, Facet Joint Diagnostic Blocks was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of right lumbar facet joint injection at the levels of L3-S1 with fluoroscopy and sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Facet Joint Injection at the Levels of L3-S1 with Fluoroscopy and Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment Index, 11th Edition(web), 2014, Low Back, Facet joint diagnostic blocks (injections)

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 based on Non-MTUS Citation Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

Decision rationale: Per ODG, 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. Facet blocks are not recommended in patient who may exhibit radicular symptoms as in this injured worker with leg pain complaints. MRI report has not shown any facet arthropathy, but has demonstrated possible etiology for radicular symptoms with some relief from recent epidural steroid injection. Submitted reports have not demonstrated any remarkable clinical findings on exam to support for the facet blocks outside guidelines criteria. The Right Lumbar Facet Joint Injection at the Levels of L3-S1 with Fluoroscopy and Sedation is not medically necessary and appropriate.