

Case Number:	CM15-0015995		
Date Assigned:	02/04/2015	Date of Injury:	10/14/1996
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/28/2015

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 69 year old male who sustained an industrial related injury on 10/14/96. The injured worker had complaints of back pain with radiation into the bilateral hips, bilateral lower extremities, and into the right buttock. Diagnoses included back pain, lumbar radiculopathy, lumbar degenerative disc disease, and spinal stenosis without neurogenic claudication. There was associated diagnosis of depression. Treatment included Toradol injections. Medications included Norco, Celebrex, and Gabapentin. Physical examination findings included tenderness at the left sciatic notch, right sciatic notch and lower lumbar spine. Lumbar spine range of motion was moderately decreased. Straight leg raise tests was positive bilaterally. Kemp's test was positive bilaterally. The sensory and motor tests were normal. The treating physician requested authorization for prospective bilateral lumbar facet injections at L3-4, L4-5, and L5-S1. On 1/12/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the medical records revealed evidence of spinal stenosis on MRI. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Lumbar Facet Injections at L3/4, L4/5, L5/S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309.

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

Decision rationale: The CA MTUS did not address the utilization of lumbar facet injection procedures for the treatment of low back pain. The ODG guidelines recommend that lumbar facet injections can be utilized for the treatment of non radicular low back pain that did not respond to conservative treatments with medications and PT. The records indicate that the patient had subjective, objective and radiological findings consistent with a diagnoses of lumbar radiculopathy. The criteria for bilateral lumbar facet injections at L3/L4, L4/5 and L5/S1 was not met.