

Case Number:	CM15-0110583		
Date Assigned:	06/17/2015	Date of Injury:	08/28/2014
Decision Date:	07/21/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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: California, North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 25 year old female sustained an industrial injury to the low back on 8/28/14. Previous treatment included magnetic resonance imaging, electromyography, chiropractic therapy and medications. Electromyography bilateral lower extremity (4/13/15) was normal. In a visit note dated 4/15/15, the injured worker complained of a flare up of pain with a lot of muscle spasms due to chiropractic therapy. In a visit note dated 5/15/15, the injured worker complained of pain 10/10 on the visual analog scale without medications. The injured worker reported a flare-up of pain from chiropractic therapy. The injured worker complained of poor quality of sleep. Current medications included Skelaxin and Gabapentin. The injured worker reported that Skelaxin caused nausea, Tramadol did not work and Nucynta caused mood swings. Physical exam was remarkable for lumbar spine with hypertonicity and spasms to the lumbar spine paraspinal musculature with positive lumbar facet loading on the right, 5/5 lower extremity motor strength and decreased sensation to the right lower extremity. Current diagnoses included lumbar spine radiculopathy and lumbar facet syndrome. The treatment plan included a prescription for Tramadol and modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection to L4-L5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The request is for left transforaminal ESI at L4-L5 and L5-S1 in a patient with chronic low back pain. ESI can offer short-term pain relief and should be used in conjunction with other rehab efforts, including PT and home exercise programs (HEP). In this case, there is no evidence of a comprehensive conservative care program, including PT and HEP. Facet joint injections are not supported with evidence of radiculopathy or referred pain. This patient has evidence of radiculopathy, therefore the request is not medically necessary or appropriate.