MAXIMUS Federal Services

Case Number:	CM15-0111191		
Date Assigned:	06/17/2015	Date of Injury:	08/25/2012
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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: Preventive Medicine, Occupational Medicine

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 34-year-old female, who sustained an industrial injury on 08/25/2012. She has reported subsequent low back pain and was diagnosed with lumbar disc herniation, right paracentral L5-S1 and disc desiccation and degenerative disc at L5-S1 level. Treatment to date has included medication, chiropractic care and acupuncture. In a progress note dated 05/08/2015, the injured worker complained of progressive radiating right lower extremity pain, numbness and tingling that limited activities of daily living and work-related activities. Objective findings were notable for an antalgic gait, positive straight leg raise on the right at approximately 30 degrees while sitting, positive contralateral straight leg raise and asymmetry of single stance heel raise with some weakness on the right side with focal motor testing, diminished right Achilles reflex. A request for authorization of bilateral facet injections of L5-S1 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. More importantly perhaps, is that the medical record seems to present a patient that is suffering from nerve root impingement and not from facet joint pain. Bilateral facet injection L5-S1 is not medically necessary.