MAXIMUS Federal Services

Case Number:	CM15-0111294		
Date Assigned:	06/17/2015	Date of Injury:	09/23/2013
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
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, Hawaii
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 45 year old male, who sustained an industrial injury on 9/23/13. The diagnoses have included lumbosacral spondylosis without myelopathy, closed fracture of the olecranon process of ulna and pain in the joint of pelvic region and thigh. Treatment to date has included medications, activity modifications, off work, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 2/9/15, the injured worker is for routine follow up exam and the lumbar Magnetic Resonance Imaging (MRI) is consistent with the injured workers back and leg complaints. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 2/3/15 reveals multi-level degenerative disc disease (DDD) and facet arthropathy with severe left neural foraminal narrowing. The physician notes lumbar spine x-rays that reveal disc space narrowing with spurs. The objective findings reveal lumbar spine pain with flexion at 90 degrees, bilateral straight leg raise is positive and there is tenderness of the bilateral facet joints. The current medications included Norco, Zanaflex, Ultram, Etodolac, Prilosec, Ibuprofen, and Hydrocodone/Acetaminophen. There is no previous therapy sessions noted in the records. The physician requested treatment included Lumbar facet injection left L5-S1 under fluoroscopy and ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection left L5-S1 under fluoroscopy and ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back Chapter, Facet injection.

Decision rationale: The patient presents with pain affecting the back and bilateral legs. The current request is for Lumbar facet injection left L5-S1 under fluoroscopy and ultrasound. There were only three medical reports in the documents provided for review. The treating physician report dated 2/9/15 (7B) states, "As previously noted RFA has been submitted for cortisone facet joint injections bilateral L4-5 and L5-S1 under fluoroscopy and ultrasound." The MTUS guidelines do not address facet injections. The ODG guidelines state specifically the criteria used for facet joint pain injections which include, tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings, normal straight leg raising. The objective information provided by the treating physician along with the lack of documentation of at least 4-6 weeks of failed conservative treatment does not support the criteria for a facet joint injection as outlined in the 'Low Back' chapter. Furthermore, there was no rationale by the treating physician in the medical reports provided for this request. The current request is not medically necessary.