

Case Number:	CM15-0125554		
Date Assigned:	07/10/2015	Date of Injury:	10/25/2014
Decision Date:	08/05/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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 51 year old male who sustained an industrial injury on 10/25/14. Diagnoses are mechanical loading strategies lumbar strain and status post abdominal hernia repair. In a progress report dated 6/11/15, the treating physician notes the injured worker states he is feeling the same. Exam of the lumbar spine reveals no improvement. In a note dated 6/2/15, the physician reports he is status post right L5-S1 transforaminal epidural steroid injection on 5/1/15. He states he has had 20% improvement of his symptoms. He does continue to have low back pain radiating to his right lower extremity and down to his knee. He is on anti-inflammatories with minimal relief of pain and symptoms. Lower extremity strength is 4/5 and upper extremity strength is 4/5. The impression is noted as lumbar disc displacement with radiculopathy, lumbar stenosis, and rule out cervical disc displacement. The treatment plan is a right facet injection at L5-S1 for diagnostic and therapeutic purposes, MRI of the cervical spine, and continue current anti-inflammatories. Previous treatment includes in home physical therapy and traction. MRI of the lumbar spine done 12/2/14 reveals the impression noted as mild canal, moderate right and mild to moderate left sided foraminal stenosis at L5-S1, mild canal and mild to moderate bilateral foraminal stenosis at L4-5, mild canal and bilateral foraminal stenosis at L3-4, otherwise negative scan of the lumbar spine. Work status is that he is unable to work until 7/16/15. The requested treatment is a right facet injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right facet injection at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Disorders, Physical Methods, Medial Branch Blocks/ Facet Injections, page 300.

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. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined facet arthropathy on imaging or clinical correlation not identified here. There is no report of acute flare-up or change for this chronic injury. Additionally, facet injections/blocks are not recommended in patient who may exhibit radicular symptoms with identified spinal/neural foraminal stenosis and nerve impingement s/p recent LESI in May 2015. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Right facet injection at L5-S1 is not medically necessary or appropriate.