

Case Number:	CM15-0142003		
Date Assigned:	07/31/2015	Date of Injury:	08/28/2011
Decision Date:	10/13/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 55 year old female, who sustained an industrial injury on 8-28-11. The injured worker is undergoing treatment for chronic pain syndrome, lumbar back pain, lumbar back strain, chronic sleep disorder and depression. Medical records dated 4-8-15 through 6-30-15 indicate the injured worker complains of right shoulder, low back, buttock, knees and left leg pain and unchanged from previous visit. She rates the pain in the last month with medication 4 out of 10 on average with 3 out of 10 at best and 6 out of 10 at worst. In the last month without medication she rates the pain 6 out of 10 on average, 5 out of 10 at best and 8 out of 10 at worst. The record indicates she can tolerate a pain level of 3 out of 10. Physical exam dated 6-30-15 notes obvious distress and painful lumbar range of motion (ROM). Treatment to date has included hydrocodone-acetaminophen, Ambien, cyclobenzaprine, escitalopram oxalate, Gabapentin and ibuprofen, exercise and ice. Pain management visit dated 6-30-15 indicates magnetic resonance imaging (MRI) from 12-19-11 reveals lumbar facet arthropathy. The original utilization review dated 7-6-15 indicates the request for paravertebral facet joint injections, L3- S1 right fluoroscopy and sedation is non-certified noting Official Disability Guidelines (ODG) do not currently support facet joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paravertebral facet joint injections, L3-S1 right fluoroscopy and sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in August 2011 and is being treated for right shoulder, knee, low back, buttock, and left leg pain. Lumbar facet blocks were originally requested in January 2015. At that visit, pain was rated at 4-10/10. Physical examination findings included ambulating with a slow antalgic gait with use of a crutch. There was pain over the right lumbar facet joints. Authorization is being requested for right L3-S1 facet blocks. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. No more than two facet joint levels are to be injected in one session. In this case, there are no physical examination findings such reproduction of symptoms with facet loading maneuvers. A three level procedure is being requested. Sedation is being requested for the procedure which may invalidate a positive diagnostic response if reported. The requested injection procedure is not considered medically necessary.