

Case Number:	CM15-0164365		
Date Assigned:	09/10/2015	Date of Injury:	01/29/2015
Decision Date:	11/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 male, who sustained an industrial injury on January 29, 2015. The injured worker was diagnosed as having lumbar facet syndrome, rule out thoracic disc herniation, left shoulder tendinitis, and leg length discrepancy. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, chiropractic therapy, and acupuncture. In a progress note dated July 10, 2015 the treating physician reports complaints of pain to the upper back, mid back, low back, and the left shoulder. Examination performed on July 10, 2015 was revealing for thoracolumbar scoliosis, left lower extremity being lower than the right, decreased range of motion to the lumbar spine with pain, tenderness to the loading of the lumbar facets to the bilateral lumbar four to five and lumbar five to sacral one levels, tenderness to the thoracic spinous processes, pain with range of motion to the left shoulder, and decreased range of motion to the right lower extremity. The progress note from July 10, 2015 did not indicate the injured worker's numeric pain level on a visual analog scale prior to use of the injured worker's medication regimen, with prior acupuncture, or with prior chiropractic therapy and after use of the injured worker's medication regimen, prior acupuncture, or with prior chiropractic therapy to determine the effects of the listed treatments used. The progress note from July 10, 2015 included magnetic resonance imaging results of the lumbar from April 27, 2015 that was revealing for disc bulge with degenerative disc disease at lumbar four to five and disc bulge and facet degenerative joint disease with flattening of the thecal sacroiliac. On July 10, 2015 the treating physician requested right lumbar facet injection at lumbar four to five and lumbar five to sacral one levels with fluoroscopic guidance and intravenous sedation noting that the injured worker's "pain correlates

with the facet pain and the loading of the lumbar facets is painful" along with noting "given lack of response to conservative measures and the fact that he is 6 months out of his injury" the treating physician recommends bilateral facet injection to the above listed levels. On August 03, 2015 the Utilization Review determined the request for right lumbar facet injection at lumbar four to five and lumbar five to sacral one levels with fluoroscopic guidance and intravenous sedation to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar facet joint injection at L4-L5 and L5-S1 level with fluoroscopic guidance and IV 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, Low Back, Facet joint diagnostic blocks.

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 / Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Per ODG Low Back / Facet joint intra-articular injections (therapeutic blocks): "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." In this case, review of clinical notes from 7/10/15 show that this patient does not meet the above ODG criteria because more than one therapeutic intra-articular block is being planned. Thus, the request is not medically necessary and the recommendation is for non-certification.