

Case Number:	CM15-0173546		
Date Assigned:	09/15/2015	Date of Injury:	11/05/2008
Decision Date:	10/16/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, Florida, 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 62 year old male, who sustained an industrial injury on 11-05-2008. Medical records indicated that the injured worker is undergoing treatment for lumbosacral spondylosis, cervical radiculitis, and history of liver transplant. Treatment and diagnostics to date has included medications. Current medications include Norco and topical analgesics. In a progress note dated 07-15-2015, the injured worker reported a history of cervical radiculitis and lumbosacral spondylosis. Objective findings included normal tandem gait. The physician noted that they "will wait to get clearance from his liver transplant physician for the lumbar facet blocks". The request for authorization dated 07-29-2015 requested office visits and facet injection. The Utilization Review with a decision date of 08-06-2015 non-certified the request for one facet joint injection for L1 to L2 for the lumbar area as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 facet joint injection L1 to L2 lumbar spine: 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 Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004,
Section(s): Physical Methods.

Decision rationale: The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: This claimant was injured in 2008 with diagnoses of treatment for lumbosacral spondylosis, cervical radiculitis, and a history of liver transplant. As of July, they were waiting to get clearance from his liver transplant physician for the lumbar facet blocks. The request for authorization dated 07-29-2015 requested office visits and facet injection. It is not clear if the concurrence from the liver transplant doctor was received. Moreover, the MTUS has a dim view on fact injections, noting: Invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Given the adverse endorsement out of MTUS, the request is not certified. Therefore, the requested treatment is not medically necessary.