

Case Number:	CM15-0174445		
Date Assigned:	09/16/2015	Date of Injury:	06/30/2012
Decision Date:	10/16/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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: Connecticut, California, Virginia
 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:

This 43 year old woman sustained an industrial injury on 6-30-2012 while taking down an inmate. Evaluations include an undated lumbar spine MRI. Diagnoses include lumbar spondylosis, lumbar disc degeneration, and lumbar facet arthropathy. Treatment has included oral medications. Physician notes from a neurosurgery consultation dated 7-2-2015 show complaints of back pain rated 7-8 out of 10 with radiation to the bilateral lower extremities. The worker has difficulties with basic daily functions including sitting, standing, and walking. The physical examination shows no areas of diminished sensation, deep tendon reflexes 2+ for quadriceps and ankle jerks, absent clonus and Hoffman, and the toes were down going bilaterally, ability to heel and toe walk is intact, can stand from a seated position without assistance, diffuse tenderness on palpation in the mid lumbar spine, back pain on extension of 20 degrees, distal upper and lower extremity pulses were palpable, and no swelling or tenderness was noted. Recommendations include bilateral lumbar facet injections. Utilization Review denied a request for bilateral lumbar facet injections citing no documentation in the physical examination of tenderness over the facet joints, no documentation of failed physical therapy, and there is documentation of active radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar L4-L5 Facet Injection, Qty 1: 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 Pain, Signs & Symptoms; 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 blocks.

Decision rationale: As the California MTUS does not specifically discuss facet blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to facet blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. In this case, the provided documents indicate that radiculopathy is present, which is lead to contraindication per the ODG guidelines. Therefore, the request is not medically necessary at this time based on the provided records.

Right Lumbar L4-L5 Facet Injection, Qty 1: 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 Pain, Signs & Symptoms; 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 blocks.

Decision rationale: As the California MTUS does not specifically discuss facet blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to facet blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. In this case, the provided documents indicate that radiculopathy is present, which is lead to contraindication per the ODG guidelines. Therefore, the request is not medically necessary at this time based on the provided records.