

Case Number:	CM15-0175432		
Date Assigned:	09/16/2015	Date of Injury:	07/23/2014
Decision Date:	10/28/2015	UR Denial Date:	08/07/2015
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: Pennsylvania, Ohio, 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 54 year old male, who sustained an industrial injury on July 23, 2014. On August 3, 2015 the injured worker reported that his neck felt better. He reported slight pain to his neck and rated the pain a 0-1 on a 10-point scale. He only had pain when turning his head to the right or with quick movements. The injured worker reported limited range of motion of the neck and noted that it was better. He reported numbness in his bilateral hands and noted the left was worse than the right. The injured worker wore a wrist splint at night. A medial branch block injection on July 23, 2015 was helpful. He reported pain in the lumbar spine and rated the pain a 3 on a 10-point scale. He denied radiation of his lumbar spine pain and denied associated numbness. The injured worker noted that prolonged sitting and walking aggravated his pain. He had been performing home exercises and wearing his futuro brace. On physical examination, the injured worker had normal cervical lordosis and his head was level. He had tenderness to palpation over the mid to lower paracervical spine. His cervical spine range of motion included flexion of 70 degrees, extension of 50 degrees with pain on the right, bilateral lateral bend of 20 degrees, right rotation of 45 degrees with pain and left rotation of 70 degrees. He had decreased sensation in the bilateral upper extremities. The injured worker had a balanced and symmetrical gait and was able to heel-toe walk. His back range of motion was flexion to 80 degrees with midline pain, extension of 25 degrees, bilateral lateral bend to 30 degrees and bilateral rotation of 30 degrees. He had tenderness to palpation of the lumbar paraspinals and the lumbar spinous process. He had normal sensation in the bilateral lower extremities. The injured worker was diagnosed as having lumbago, cervicgia, cervical spondylosis, and cervical herniated nucleus

pulposus. Treatment to date has included medial branch block of right C5-6 and C6-7, orthotics, home exercise program, and physical therapy. A request for authorization for facet injection to the bilateral L4-5 with fluoroscopy guidance was received on August 3, 2015. On August 7, 2015, the Utilization Review physician determined that facet injection to the bilateral L4-5 with fluoroscopy guidance was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection to the bilateral L4-5 with fluoroscopy guidance: 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.

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

Decision rationale: ACOEM concludes that invasive lumbar techniques such as facet injections are of questionable merit. The records do not provide an alternate rationale in support of the requested treatment. This request is not medically necessary.