

Case Number:	CM15-0176095		
Date Assigned:	09/17/2015	Date of Injury:	04/04/2014
Decision Date:	10/19/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57 year old male, who sustained an industrial injury on 4-4-2014. He reported injuries to the chest, head-neck, low back, bilateral upper extremities and bilateral lower extremities from a motor vehicle accident. Diagnoses include degenerative disc disease, radiculitis, facet arthropathy, and myofascial pain syndrome of the cervical and lumbar spines. Treatments to date include activity modification, NSIAD, muscle relaxant, opioid, heat-cold therapy, physical therapy, acupuncture treatments, cortisone knee joint injection, and a lumbar transforaminal epidural steroid injection on 4-29-15 noted in May 2015, to provide 80% relief with return of lower extremity pain. Currently, he complained of low back pain with radiation to bilateral lower extremities with numbness and tingling. The provider documented a previous left sacroiliac nerve block with only minimal relief with pain that continued shortly following. On 7-8-15, the physical examination documented lumbar facet and muscle tenderness with positive facet loading sign and a positive straight leg raise test on the left side. The plan of care included. The appeal requested authorization for bilateral facet injections to L4-L5 and L5-S1 levels. The Utilization Review dated 8-21-15, denied the request stating "the patient's prior nerve block had only minimal relief as reported with pain that continued shortly after." Therefore, the documentation did not support medical necessity per the California MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet injection at L4-5 & L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)- Facet joint diagnostic blocks (injections).

Decision rationale: Bilateral facet injection at L4-5 & L5-S1 is not medically necessary per the ACOEM and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The above documentation indicates that the patient has radicular symptoms for which facet injections are not indicated therefore this request is not medically necessary.