

Case Number:	CM15-0178312		
Date Assigned:	09/29/2015	Date of Injury:	05/21/2002
Decision Date:	11/10/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/10/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on 5-21-02. The injured worker is being treated for lumbar spondylosis, lumbar sciatica, spinal stenosis and congenital spondylolisthesis. (MRI) magnetic resonance imaging of lumbar spine revealed spondylolisthesis L5-S1. Treatment to date has included transforaminal epidural steroid injections (which provided 60% pain relief for 6 months), oral medications including Cyclobenzaprine, Anaprox and Gabapentin, physical therapy and activity modifications. On 8-10-15, she complains of worsening lumbar spine symptoms and lumbar facet joint injections have been denied. Work status is noted to be temporarily totally disabled. Physical exam performed on 8-10-15 revealed L5-S1 facet joint pain with flexion and palpation without radiculopathy. The treatment plan included continuation of waiting for response of L5-S1 facet joint injection request for authorization. On 8-18-15 a request for authorization for lumbar L5-S1 facet joint injections was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar L5-S1 Facet joint injections using fluoroscopy and ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: CA MTUS states that Epidural Steroid Injections (ESIs) are recommended as an option for treatment of radicular pain. In this case, the patient has chronic low back pain and has undergone numerous ESIs. In April 2015, a facet medial branch block was denied. An L4-L5 ESI was approved on 6/5/2015, however the results have not been provided. The patient was seen by her provider on 8/10/2015 and nothing was documented regarding an ESI. No new findings were reported at this visit. This is a request for facet injection at L5-S1. The patient has a long-standing history of lumbar radiculopathy, however facet injection is not recommended for this condition. In addition, the results of the previously approved 6/5/2015 ESI have not been provided and must be reviewed before further injections can be considered. Therefore, the request is not medically necessary or appropriate at this time.