

Case Number:	CM15-0179844		
Date Assigned:	09/21/2015	Date of Injury:	05/11/2014
Decision Date:	10/26/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female with an industrial injury dated 05-11-2014. A review of the medical records indicates that the injured worker is undergoing treatment for possible diskitis at L3-L4, multiple levels of lumbar degenerative disc disease, broad based disc bulge at L2-L3 with mild right foraminal narrowing, broad based disc bulge at L3-L4 with right foraminal narrowing, left lateral disc bulge at L4-5, left foraminal disc bulge at L5-S1, and mild left L5 radiculopathy. Treatment has included diagnostic studies, prescribed medication, at least 6 sessions of physical therapy, 4 Hyalgan knee injections, lumbar epidural steroid injection (ESI) and periodic follow up visits. In a progress report dated 04-21-2015, the injured worker reported back and left leg pain. Physical exam (04-21-2015) revealed slight left leg limp, decreased range of motion in all planes, painful straight leg raise on the left and tenderness in the midline from L4 to the sacrum. According to the progress note dated 05-26-2015, the injured worker reported improvement in her lower extremity symptoms but still is experiencing significant low back pain. Objective findings (5-26-2015) revealed decreased lumbar range of motion. The treating physician reported improvement in her lower extremity from epidural injection with consideration for possible second epidural injection in a month. The treating physician prescribed services for bilateral L3-4, L4-5, L5-S1 facet Joint Injection under fluoroscopy. The original utilization review determination (08-11-2015) non-certified the request for bilateral L3- 4, L4-5, L5-S1 facet joint under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4, L4-5, L5-S1 Facet Joint Injection under fluoroscopy: Upheld

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

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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in May 2014 and is being treated for low back and lower extremity pain. Treatments appear to have included a lumbar fusion with subsequent hardware removal and lumbar epidural steroid injections have been done. When seen, there were left lower extremity radiating symptoms. There was pain with lumbar extension and rotation and decreased left lower extremity strength. There was pain with palpations. A three level bilateral facet injection procedure is being requested. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and that no more than two facet joint levels are to be injected in one session. In this case, the claimant is having left sided radicular pain and three levels are being requested. Additionally, diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level and the claimant appears to have undergone a lumbar fusion. For these reasons, the requested injection procedure is not considered medically necessary.