

Case Number:	CM15-0033416		
Date Assigned:	02/26/2015	Date of Injury:	03/20/2014
Decision Date:	04/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 45 year old male, who sustained an industrial injury on 3/20/14. On 2/23/15, the injured worker submitted an application for IMR for review of Lumbar Facet Joint Injection under Fluoroscopic Guidance at Right L4-L5, L5-S1. The treating provider has reported the injured worker complained of low back pain. The diagnoses have included lumbar sprain. Treatment to date has included physical therapy, home exercise program, chiropractic treatment and medications. Diagnostics completed have been a lumbar MRI (10/20/14). On 1/23/15 Utilization Review non-certified Lumbar Facet Joint Injection under Fluoroscopic Guidance at Right L4-L5, L5-S1. The ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Joint Injection under Fluoroscopic Guidance at Right L4-L5, L5-S1:

Overtaken

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Facet joint medial branch block, Facet joint pain, sign & symptoms.

Decision rationale: The patient presents with low back pain, rated 6/10. The request is for LUMBAR FACET INJECTION UNDER FLUOROSCOPY GUIDANCE AT RIGHT L4-L5, L5-S1. Physical examination to the lumbar spine on 01/09/15 revealed tenderness to palpation over the right L4-L5 and L5-S1 facet joints. Range of motion was decreased in right oblique extension due to pain. Straight leg raise and slump maneuvers were negative bilaterally. MRI of the lumbar spine on 10/20/14 showed moderate degenerative disc disease at L3-L4 with disc space narrowing, degenerative disc desiccation, mild osseous spurring of the endplates, mild to moderate diffuse disc bulge with mild narrowing of the neural foramina bilaterally, and mild degenerative disc desiccation and disc space narrowing at L4-L5. Patient's treatments have included physical therapy, home exercise program, chiropractic treatments, TENS unit and medications. Per 12/04/14 progress report, patient's diagnosis include axial low back pain mainly due to lumbar facet arthropathy at the right L4-L5 and L5-S1 facet joints, no symptoms of lumbar radiculopathy at this time, likely lumbar degenerative disc disease. Patient's medications per 10/10/14 progress report include Ibuprofen and Muscle Rub. Patient's work status is full duties. ODG, Low Back Chapter, Facet joint medial branch block, Facet joint pain, sign & symptoms state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular, although pain may radiate below the knee, normal sensory exam, tenderness to palpation in the paravertebral areas (over the facet region); and Normal straight leg raising exam. In 12/05/14 progress report, treater states, "I believe these injections will not only improve his pain but also improve his level of function" In review of the medical records provided, there is no evidence of prior lumbar facet joint injections. ODG, Low Back Chapter, Facet joint medial branch block, Facet joint pain, sign & symptoms state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular. In this case, patient suffers from non-radicular low back pain. Physical examination to the lumbar spine revealed tenderness to palpation over the right L4-L5 and L5-S1 facet joints. Straight leg raise and slump maneuvers were both negative bilaterally. The request appears to be reasonable and in line with guideline recommendations. Therefore, it IS medically necessary.