

Case Number:	CM15-0043258		
Date Assigned:	03/13/2015	Date of Injury:	03/18/2011
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 58-year-old male, who sustained an industrial injury on 3/18/2011. He reported a back injury after snow plowing a rough road with a broken seat in the plow. The injured worker was diagnosed as having a lumbar degenerative disc disease, lumbalgia and lumbosacral spondylosis. Treatment to date has included chiropractic care, magnetic resonance imaging, epidural steroid injection and medication management. Currently, a progress note from the treating provider dated 2/18/2015 indicates the injured worker reported lumbar back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Facet Joint Injections, L4-5, L5-S1 (sacroiliac): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-3301, Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

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, facet joint diagnostic blocks.

Decision rationale: I respectfully disagree with the UR physician. The criteria for facet joint blocks includes the absence of radiculopathy and the previous UR physician did note the presence of an S-1 radiculopathy at that time. However, the orthopedic note dated February 19, 2015 does not note any abnormal neurological findings of the lower extremities. This note also notes a positive Kemp's test or facet loading maneuver of the lumbar spine. For these multiple reasons, this request for bilateral lumbar facet joint injections at L4-L5 and L5-S1 is medically necessary.