MAXIMUS Federal Services

Case Number:	CM15-0063577		
Date Assigned:	04/09/2015	Date of Injury:	12/03/2001
Decision Date:	05/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/03/2015

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: Emergency 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 79 year old male who sustained an industrial injury on 12/03/2001. Current diagnoses include degeneration of lumbar intervertebral disc, arthropathy of lumbar facet joint, chronic low back pain, trochanteric bursitis, lumbar post-laminectomy syndrome, myofascial pain, and sacroiliac joint dysfunction. Previous treatments included medication management, back surgeries, radio-frequency rhizotomy, physical therapy, and injections. Previous diagnostic studies included MRI's of the lumbar spine. Report dated 03/18/2015 noted that the injured worker presented with complaints that included chronic low back pain. Pain level was rated as 10 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included continuation with conservative treatments, requests for continued coverage of medication regimen and bilateral L3-L4 and L4-L5 diagnostic facet injection, and follow up in one month for continued evaluation and medication management. Disputed treatment includes bilateral L3-L4 and L4-L5 diagnostic facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION: BILATERAL L3-L4 AND L4-5 DIAGNOSTIC FACET INJECTION:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FACET INJECTIONS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute &Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested BILATERAL L3-L4 AND L4-5 DIAGNOSTIC FACET INJECTION, is not medically necessary.CA MTUS is silent and Official Disability Guidelines, Low Back -Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The injured worker has chronic low back pain. The treating physician has documented lumbar tenderness on exam, and 60% relief from 2007 medial branch blocks and 2007 RFA. The treating physician has not documented positive facet compression testing on exam nor facet hypertrophy on imaging study. The criteria noted above not having been met, BILATERAL L3-L4 AND L4-5 DIAGNOSTIC FACET INJECTION is not medically necessary.