

Case Number:	CM15-0077411		
Date Assigned:	04/28/2015	Date of Injury:	01/13/2005
Decision Date:	05/26/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/23/2015

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: 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 51 year old male with an industrial injury dated January 13, 2005. The injured worker's diagnoses include lumbar stenosis and lumbosacral spondylosis with facet arthropathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/2/2015, the injured worker reported low back pain. Objective findings revealed mild distress, tender facets bilaterally at the L5-S1, decrease lumbosacral spine range of motion and extreme pain on extension to the bilateral L5-S1 posterior elements. The treating physician prescribed services for bilateral therapeutic facet injection at L5-S1 and follow-up now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left therapeutic facet injection at L5-S1 Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar and Thoracic (Acute & Chronic).

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), Facet joint intraarticular injections (therapeutic blocks).

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for low back pain. When seen, bilateral facet joint injections that had been performed in May 2000 1410 provided more than 75% pain relief lasting for nine months. Physical examination findings included decreased spinal range of motion with pain on spinal extension. Authorization for repeat therapeutic facet injections was requested. If there is initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks after intra-articular facet injections then the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy if the medial branch block is positive. Repeat therapeutic facet joint injections are not recommended and therefore a repeat left L5/S1 facet injection is not medically necessary.

Follow-up Qty: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for low back pain. When seen, bilateral facet joint injections that had been performed in May 2000 1410 provided more than 75% pain relief lasting for nine months. Physical examination findings included decreased spinal range of motion with pain on spinal extension. Authorization for follow-up after repeat therapeutic facet injections was requested. Office visits are recommended as determined to be medically necessary. In this case, the request is for follow-up after therapeutic facet injections. The injections are not medically necessary and therefore the requested follow-up is not medically necessary.

Right therapeutic facet injection at L5-S1 Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic (Acute & Chronic).

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), Facet joint intraarticular injections (therapeutic blocks).

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for low back pain. When seen, bilateral facet joint injections that had been performed in May 2000 1410 provided more than 75% pain relief lasting for nine months. Physical examination findings included decreased spinal range of motion with pain on spinal extension. Authorization for repeat therapeutic facet injections was requested. If there is initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks after intra-

articular facet injections then the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy if the medial branch block is positive. Repeat therapeutic facet joint injections are not recommended and therefore a repeat right L5/S1 facet injection is not medically necessary.