MAXIMUS Federal Services

Case Number:	CM15-0079535		
Date Assigned:	04/30/2015	Date of Injury:	10/01/2003
Decision Date:	06/11/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/25/2015

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 56-year-old male with an industrial injury dated 10/01/2013. His diagnoses included chronic low back pain and cervical sprain. Prior treatments included medications and diagnostics. He presents on 03/04/2015 with complaints of pain in his mid and lower back radiating down both left and right leg with numbness in the left leg. Physical exam noted tenderness at the cervical paravertebrals, trapezius and interscapular area. Flexion and extension were somewhat close to normal, but pain was present at the extreme range. Range of motion of the lumbar spine was approximately 60%-70% in forward flexion. Gait was normal. Treatment plan included continuing with home exercise to tolerance; join a gym for strengthening and stretching exercises and lumbar facet injection to provide further relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Facet Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet joint injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The injured worker is being treated for chronic low back and neck pain. Physical examination documents pain at the end of ranges with extension and lateral rotation of the cervical spine and reduced lumbar range of motion in all planes. Sitting straight leg raise test is positive at 25 on the left. Lower limb reflexes are 1+ and symmetric and sensation is normal to light touch and pinprick. Low back pain level is described as moderate. Pain medications includes cyclobenzaprine, tramadol and Naprosyn. Home exercise/stretching program was recommended. Records indicate that MRIs and x-rays have been performed were not available for this review. Request is being made for lumbar facet injections with unspecified levels. Referring to ODG reveals specific criteria for therapeutic intra-articular and medial branch block injections of spine, of which indicates no more than 2 joint levels be blocked at one time and there've been no evidence of radicular pain, spinal stenosis or previous fusion. The records provided does not indicate the number of levels being requested. In addition, the findings of a positive straight leg raise tests points to possible lumbar radiculopathy. As the request does not comply with ODG for the aforementioned reasons, it is not medically necessary.