

Case Number:	CM15-0096119		
Date Assigned:	05/26/2015	Date of Injury:	02/04/2014
Decision Date:	07/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/19/2015

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, 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 (IW) is a 47 year old female who sustained an industrial injury on 02/04/2014. She reported pain in her lower back. The injured worker was diagnosed as having chronic low back pain, L4-5 Facet Arthropathy, and stenosis. Treatment to date has included pain medications, physical therapy, medications and time off work. Currently, the injured worker complains of lower back pain that tends to radiate more to the left side and is aggravated by extension. On examination there is tenderness at L4-5, and she has pain that increases with extension past 20 degrees, particularly with extension on the left radiating toward the left buttock. A MRI of 04/17/2015 shows severe facet arthropathy at the L4-5 segment creating moderate lateral recess impingement at the level of L4-5. The plan of care includes a request for authorization of a Bilateral L4-L5 Facet Block with Sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 Facet Block with Sedation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet Joint Injections Topic.

Decision rationale: Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there is a note from May 2015 which documented objective examination findings supporting a diagnosis of facetogenic pain including tenderness to palpation over the lumbar facets at the L4, L5 and S1 segments. Additionally, there is a normal sensory and motor examination. Although there is some suggestion of radiculitis, the patient has failed epidural steroid injections to address this. Furthermore, there is documentation that physical therapy and conservative care has taken place. Given this clinical picture, it is reasonable to pursue facet injections in the context of failed improvement from lumbar ESI, and a facet referral pattern can radiating to the hips/buttock region. As such, the currently requested lumbar facet injections are medically necessary.