

Case Number:	CM15-0099161		
Date Assigned:	06/01/2015	Date of Injury:	12/27/2013
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/22/2015

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 31-year-old male with an industrial injury dated 12/27/2013. His diagnoses included intervertebral disc protrusion and acute lumbar radiculopathy. Prior treatments included trigger point injections, epidural injections and physical therapy, which he states, made pain worse. He presents on 04/06/2015 (most recent record available) with complaints of continued low back pain with no change from last visit. Physical exam included normal gait, no tenderness and full range of motion of cervical spine and full range of motion of the thoracic spine without tenderness. There was pain with flexion and extension of the lumbar spine. Left thoracolumbar and right thoracolumbar side bending was painful. Medications are listed as Cyclobenzaprine, Vicodin and Ibuprofen. The provider is requesting bilateral lumbar 3- 4, lumbar 4-5 and lumbar 5-sacral 1 facet injection times 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4, L4-5, L5-S1 facet injection times 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic, updated 04/29/15), Facet joint diagnostics blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official disability guidelines Low Back & Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint pain, signs & symptoms.

Decision rationale: The patient complains of low back pain, as per progress report dated 04/06/15. The request is for OUTPATIENT BILATERAL L5-S1 FACET INJECTION X 1. No RFA could be found for this case, and the patient's date of injury is 12/27/13. Diagnoses, as per progress report dated 04/06/15, included lumbar radiculopathy and intervertebral disc protrusion. Medications include cyclobenzaprine, Vicodin and Ibuprofen. The patient has been allowed to return to work with restrictions. ODG Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) chapter, state that: (1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg-raising exam. The ACOEM guidelines, chapter 12, pg. 300-301 state, "Repeated diagnostic injections in the same location(s) are not recommended. " In this case, none of the progress reports discusses this request. The patient has been diagnosed with lumbar radiculopathy and has benefited from epidural injections, as per progress report dated 02/10/15. Straight leg raise was negative, as per progress report dated 04/06/15 but were positive as per progress report dated 03/03/15. EMG/NCV of lower extremities, dated 02/13/15, was normal as well. It would appear that now, the patient's primary symptoms are in the low back and the facet joint evaluations appear supported by the guidelines. The request IS medically necessary.