

Case Number:	CM15-0099471		
Date Assigned:	06/19/2015	Date of Injury:	02/28/2000
Decision Date:	07/24/2015	UR Denial Date:	05/11/2015
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, Hawaii

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 53-year-old female, who sustained an industrial injury on 2/28/2000. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar degenerative disc disease. Treatment to date has included diagnostics, nerve blocks/injections, epidural steroids, chiropractic, intrathecal pain pump, and medications. Per the most recent progress report submitted (2/18/2015), the injured worker complains of pain in her low back, bilateral lower extremities (left greater than right), left buttock, cervical area, and both upper extremities. Pain was rated 7, noting previous rating of 6 on a good day and 7 on a bad day. Current medications included Celebrex, Lidoderm patch, Ibuprofen, Aleve, and Synthroid. Her pain pump was interrogated and reprogrammed. Physical exam noted her as well nourished, well hydrated, and in no acute distress. Her speech was fluent and cognition was intact. No other objective findings were documented. The current treatment plan included bilateral lumbar facet joint injection anesthesia with x-ray fluoroscopic guidance at L5/S1. The rationale for the requested treatment was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet injection anesthesia with x-ray fluoroscopic guidance at L5/S1:

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), 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, and Facet Injections.

Decision rationale: The patient presents with pain affecting the low back. The report with this request is not provided for review. The current request is for bilateral lumbar facet injection anesthesia with x-ray fluoroscopic guidance at L5/S1. The reviewing physician states, "Past facet injection done last April helped more than 80% for 5 months." (6B) The ODG guidelines state specifically the criteria used for facet joint pain injections, which include tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings and normal straight leg tests. In this case, the reviewing physician documents that the patient has tenderness over the lumbar facet area but positive straight leg tests and an abnormal sensory exam. The current request is not medically necessary.