

Case Number:	CM13-0002462		
Date Assigned:	07/25/2013	Date of Injury:	04/05/1997
Decision Date:	01/13/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services.

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 underlying date of injury in this case is 04/05/1997. This patient is a 65-year-old man who is reported to have chronic cervicalgia, chronic lumbar backache, referring myofascial strain, and upper and lower extremity referred radiculopathic and neuropathic pain. A prior physician review notes that a CT of the lumbar spine in November 2011 demonstrated multilevel degenerative disc disease and spondylosis and a right-sided paracentral L4-5 disc herniation and foraminal stenosis. A clinical exam of 05/21/2013 demonstrated painful restricted cervical and lumbar motion with positive lumbar facet findings. The treating provider indicated that the guidelines and standard practice do not support the concept of a series of 3 lumbar facet injections. Therefore, that physician recommended that this request be noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of times 3 lumbar facet injections (L3-L5): 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), Low Back, Facet joint diagnostic blocks (injections)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The Physician Reviewer's decision rationale: ACOEM Guidelines, Chapter 12 Low Back, page 300, states, "Invasive techniques, e.g., local injections and facet joint

injections of cortisone and lidocaine are of questionable merit." The medical records in this case do not provide an alternate rationale as to the effectiveness of the proposed injections or particularly the rationale for a series of 3 such injections. Overall the medical records and the guidelines do not support this requested treatment as indicated or likely beneficial. This request is not medically necessary.