

Case Number:	CM13-0015354		
Date Assigned:	01/15/2014	Date of Injury:	11/13/2011
Decision Date:	03/25/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/22/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43 year old male who reported an injury on 11/13/2011. The clinic note dated 08/07/2013 indicated he has a history of herniated lumbar disc and chronic pain. The exam did indicate 2+ reflexes bilaterally but no abnormal findings were noted. The 12/02/2013 noted reported complaints of low back pain rated at 5-6/10 with intermittent pain into the left leg. The objective findings stated Lasegue's cross leg extension was 45 degrees bilaterally and was 30 degree on 10/03/13. The note stated he has improved with his activities of daily living, increased lumbar range of motion, and he can now walk and drive for longer periods. He was recommended manipulation, physical therapy, and therapeutic exercises 1-2 times a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for outpatient facet cortisone injection at the left L4-5 level and a referral to [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 301, 308-310.

Decision rationale: The California MTUS/ACOEM states invasive techniques (e.g., local injections and facet joint injections of cortisone and Lidocaine) are of questionable merit and are not recommended. The documentation submitted indicates the patient's condition has improved with conservative therapies and does not support any deficits to warrant the need for a facet injection. Also, the documentation failed to adequately provide examination findings of facet mediated pain. Given the above, the request is non-certified.