

Case Number:	CM13-0016877		
Date Assigned:	06/06/2014	Date of Injury:	08/04/1987
Decision Date:	07/11/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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/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 injured worker is a 69-year-old female who sustained an injury to her low back on 08/04/87. The injured worker has a long history of multiple injuries on the job during the 1980s, where she noted an acute onset of low back pain while lifting a heavy typewriter. She was treated conservatively and was not considered a lumbar spine surgery candidate. She was returned to work, when she re-injured herself and began to experience low back pain with radiation to the right leg after carrying boxes. She was returned to work and sustained another industrial injury in the early 1990s, when she tripped over a wastebasket and fell forward, hyper-extending her low back and left lower extremity. On 03/12/99, she was interviewing a patient when the patient collapsed while standing, she strained to catch him and noticed the development of neck and right upper extremity pain later on that day.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Pain Society. SPINE Volume 34, Number 10, pp 1066-1077 2009, Lippincott Williams & Wilkins. Interventional Therapies, Surgery and Interdisciplinary Rehabilitation for Low Back Pain. An Evidence-Based Clinical Practice Guideline From the American Pain Society.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, FACET JOINT DIAGNOSTIC BLOCK (INJECTIONS).

Decision rationale: The request for bilateral lumbar facet injections is not medically necessary. The previous request was denied on the basis that the injured worker has recently been treated for low back pain with radiculopathy into the left lower extremity. The injured worker was afforded a lumbar epidural steroid injection based on the presence of radiculopathy. The ODG states that treatment with lumbar facet injections should be limited to injured workers with low back pain that is non-radicular and at no more than two levels bilaterally. Given the presence of an active radiculopathy and the clinical documentation submitted for review, medical necessity of the request for bilateral lumbar facet injections has not been established. Recommend not medically necessary.