

Case Number:	CM13-0026555		
Date Assigned:	12/27/2013	Date of Injury:	05/11/2012
Decision Date:	02/19/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/19/2013

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 Orthopaedic Surgery, 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. 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 claimant is a 37-year-old gentleman who was injured on May 11, 2012 when he was involved in a motor vehicle accident resulting in low back and lower extremity complaints. The medical records include a recent clinical assessment dated August 7, 2013 by [REDACTED] where it was documented that the claimant had continued complaints of pain about the low back with radiating pain to the buttock and posterior thigh. [REDACTED] documented recent care to include Biofreeze and a TENS unit that had been mildly beneficial. Physical examination findings showed a normal neurologic evaluation with equal and symmetrical reflexes, a normal motor and sensory examination that was noted to be "nonfocal". The claimant had a prior MRI dated September 13, 2012 that showed short pedicles with minimal degenerative change and positive facet arthropathy from L3-4 through L5-S1. The claimant's diagnosis was multilevel facet arthropathy of the low back and a three level bilateral L3-4 through L5-S1 diagnostic facet joint injection was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet joint injection L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter, Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure - Facet joint diagnostic blocks (injections).

Decision rationale: Based on ACOEM Guidelines and supported by Official Disability Guideline criteria, three level facet procedures would not be indicated. While Guidelines indicate that the role of facet joint injections is for isolated axial complaints of the low back, they would only recommend the role of up to two injection levels at any given setting. The specific request in this case is for three injection levels to the bilateral facet joints which would exceed Guideline criteria and would not be supported.

Fluoroscopic guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

IV sedation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.