

Case Number:	CM13-0029044		
Date Assigned:	11/01/2013	Date of Injury:	07/07/2010
Decision Date:	02/17/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/24/2013

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 and 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 50-year-old male who reported an injury on 7/7/10 after falling down a flight of stairs. This caused injury to this neck, left shoulder, left rib, left pelvis/hip, left knee, right ankle, and right calf. The patient ultimately developed low back pain. The patient underwent multiple surgical interventions that resulted in development of chronic pain. The patient's chronic pain was managed with physical therapy and medications. The patient's most recent evaluation revealed diffuse tenderness along the lumbar spinous process, moderate paravertebral muscle spasms, and disturbed sensation in the right L5-S1 dermatomes. The patient's diagnoses included displacement of a lumbar intravertebral disc without myelopathy, discogenic syndrome, and back pain. The patient's treatment plan included bilateral facet injections from the L3 through the S1, continuation of medications and home exercise program, and a possible stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

facet injections bilaterally at L3-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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient had tenderness over the lumbar spinous process. [REDACTED]

[REDACTED] does not recommend facet injections for therapeutic treatments. Additionally, the Official Disability Guidelines do not recommend facet injections when there is the presence of radiculopathy. The clinical documentation submitted for review does provide evidence that the patient has disturbed sensation in the right leg over the L5-S1 dermatomes. Additionally, the clinical documentation submitted for review included an operative note dated 10/5/13 which documented that the patient underwent a lumbar interbody fusion from the L3 through the S1 levels. However, the outcome of that surgery was not provided. The clinical documentation does not clearly indicate how facet injections bilaterally at the L3 through S1 would significantly contribute to the patient's treatment planning. As such, the requested facet injections bilaterally at the L3 through S1 are not medically necessary or appropriate.