

Case Number:	CM13-0029337		
Date Assigned:	03/19/2014	Date of Injury:	12/04/2011
Decision Date:	05/21/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/25/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and 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 patient is a 64-year-old female who reported an injury on 12/04/2011. The patient was seen on 10/08/2014, whereupon she stated that she still gets some pain in the lumbar region, along with very slight intermittent pain down the left buttock and proximal thigh. The patient had reportedly undergone an epidural steroid injection on 09/03/2013, and 2 additional injections; and had been utilizing a corset and taking Voltaren, as well as tramadol. The patient was seen on 12/06/2013 for electrodiagnostic studies to include a nerve conduction test and an Electromyography (EMG). Under the impression, it stated that the patient had abnormal findings supportive of chronic L5 nerve root irritation on the left side, with decreased amplitude of compound motor action potential in the bilateral extensor digitorum brevis muscles secondary to atrophy of the muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACT INJECTION FOR BILATERAL L4-L5 AND L5-S1 UNDER FLUOROSCOPIC GUIDANCE.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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

Decision rationale: According to California MTUS at ACOEM, facet joint injections are not recommended for the treatment of low back disorders. It further states that facet injections are of questionable merit as an invasive technique. Although there has been good-quality medical literature for the use of facet injections in the cervical region, there is a lack of similar-quality literature pertaining to the lumbar region. Official Disability Guidelines has also been referred to in this case and does not recommend repeat facet injections, as they are intended for diagnostic purposes only. The documentation states the patient has undergone previous facet joint injections at the same levels. Therefore, repeat injections would not be considered medically necessary. Furthermore, the patient was noted to have radicular pain which is not indicated for facet injections.