

Case Number:	CM13-0030492		
Date Assigned:	11/27/2013	Date of Injury:	10/22/2012
Decision Date:	01/29/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 55-year-old male who reported an injury on 10/22/2012, due to a bending motion while performing normal job duties causing sudden onset of low back pain. The patient was conservatively treated with physical therapy, acupuncture, and medications. The patient underwent an MRI that revealed a broad based disc bulge at the L4-5 and facet arthropathy at the L4-5 and L5-S1 levels. The patient underwent an electro diagnostic study that revealed no evidence of peripheral neuropathy or lumbar radiculopathy in the lower extremity distributions. The patient's most recent clinical examination findings included a negative straight leg raising test bilaterally. The patient's diagnoses included lumbar sprain/strain with multi-level discopathy and facet syndrome. The patient's treatment plan was to include pain management with facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5, L5-S1 Facet Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Injections, diagnostic

Decision rationale: The Bilateral L4-5, L5-S1 Facet Injections are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has facet-mediated pain that is supported by an imaging study. The American College of Occupational and Environmental Medicine does not support the use of facet injections for therapeutic purposes. The Official Disability Guidelines recommend facet injections for diagnostic purposes to establish pain generators when used in combination with an active therapy program. The clinical documentation submitted for review does not provide any evidence of treatment goals or participation in other active modalities to support that the patient has participated in an active therapy program or other conservative treatments for at least 4 to 6 weeks prior to the surgery. As such, the requested Bilateral L4-5, L5-S1 Facet Injections are not medically necessary or appropriate.