

Case Number:	CM13-0034179		
Date Assigned:	12/06/2013	Date of Injury:	10/05/2007
Decision Date:	01/28/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/22/2013

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 orthopedic 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.

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 50-year-old gentleman who was injured in a work related accident on October 5, 2007. Records for review include a December 8, 2010 MRI scan of the lumbar spine that shows the L5-S1 level to be with a central and left paracentral small disc protrusion which abuts but has no defect to the left S1 nerve root. Recent clinical progress report of September 24, 2013 with [REDACTED] indicates the claimant is following up for low back complaints. He states his symptoms are consistent with the L4-5 level secondary to facet arthrosis. He has pain exacerbated with extension and rotation. Physical examination shows his neurologic function to be "intact". He referred the claimant to a general surgeon for an incisional hernia repair and recommended an L4-5 facet joint injection for further care. Further review of records indicates that the claimant has undergone a prior L5-S1 anterior and posterior fusion with discectomy. Postoperative imaging is not available for review. There is documentation that a prior facet joint injection with 80% improvement at the L4-5 level took place on April 30, 2013. There is indication that there was prior request for rhizotomy procedures in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Based on California ACOEM Guidelines, the role of facet joint injection in this case would not be indicated. California ACOEM Guidelines go on to state that local injections of corticosteroid and local anesthetic including facet joint injections are of questionable merit. There is no documentation of long term or significant efficacy or benefit of significant function. When specifically looking at this case, the claimant has already undergone a facet joint injection at the L4-5 level for diagnostic purposes on April 30, 2013 with 80% improvement of his complaints. At the requested time, there would be unclear need for a repeat diagnostic procedure or injection at the L4-5 level. The specific request for the repeat procedure in question would not be indicated.