MAXIMUS Federal Services

Case Number:	CM13-0035818		
Date Assigned:	12/13/2013	Date of Injury:	07/09/2009
Decision Date:	04/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 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:

This is a 40-year-old female who sustained an injury to the lumbar spine in a work-related accident on 7/9/09. The clinical records provided for review included a 10/3/13 follow up with [redacted] noting chronic low back complaints as well as right knee pain. Specific to the low back, symptoms were described as radiating pain into the leg worse with prolonged lying, driving, or walking. Physical examination showed an antalgic gait pattern, restricted lumbar range of motion, tenderness to the facet joints, and diminished sensation to light touch along the right lateral calf compared to the left. The working diagnosis was spinal stenosis with degeneration. The plan was for facet joint injections at the right L5-S1 level. Previous MRI report from April 2012 demonstrated facet arthropathy most noted at the L5-S1 level with discogenic changes. It was also documented that prior epidural steroid injections were performed in this case

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR FACET JOINT INJECTION AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Based on the CA MTUS ACOEM Guidelines and further supported by the Official Disability Guidelines, the specific request would not be indicated. ACOEM Guidelines do not recommend the use of facte joint injections. The ODG Guidelines state that facet joint injections should not be administered for treatment of radiculopathy. The claimant's current clinical picture indicates both subjective and objective findings of a radicular process. Given the above, the specific request would not be indicated.

FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for facet joint injections is not recommended. Therefore, the request for Fluoroscopic guidance would not be indicated.

IV SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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

Decision rationale: The request for facet joint injections cannot be recommeded as medically necessary. Therefore, the request for IV sedation would not be indicated.