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| Case Number: | CM13-0038303 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 08/17/2001 |
| Decision Date: | 03/26/2014 | UR Denial Date: | 09/23/2013 |
| 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 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. 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 claimant is a 44 year old female with a date of injury of August 17, 2001. She has been treated for back and leg pain. The claimant previously underwent epidural steroid injections which provided relief of leg pain. Facet injections were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for bilateral facet injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Criteria for the use of diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter low back: facet joint intra-articular injections.

Decision rationale: Bilateral facet injections would not be considered medically necessary and appropriate based on the Official Disability Guidelines. The CA MTUS Guidelines do not address this issue. If one looks toward the Official Disability Guidelines section on Facet joint injections, the guidelines recommend no more than one therapeutic intra-articular block, there should be no evidence of radicular pain, spinal stenosis or previous fusion surgery. If successful

then the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. In this case there has been concern over leg pain and epidural steroid injections have provided relief of leg pain. This would be indicative of a radicular problem as there is evidence of radicular pain. Therefore, based upon the ODG guidelines, facet injections cannot be certified in this case.