

Case Number:	CM13-0038679		
Date Assigned:	12/18/2013	Date of Injury:	02/13/2012
Decision Date:	04/10/2014	UR Denial Date:	09/24/2013
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:

This 33 year old patient has a date of injury of 2/13/12. She has been treated for low back pain. The notes provided documented a physical exam with intact neurologic examination and tenderness to palpation in the lumbar paraspinal musculature. An MRI was obtained which was normal. Left L4-5 and L5-S1 lumbar facet injections were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection, left L4-L5 and left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The proposed lumbar facet injections cannot be certified based on the records provided in this case and the California ACOEM Guidelines and Official Disability Guidelines. California ACOEM Guidelines specifically state that invasive techniques such as local injections or facet joint injections of Cortisone and Lidocaine are of questionable merit. The Official Disability Guidelines support facet injections for patients with facet joint pain, signs, and symptoms to include tenderness to palpation in the paravertebral areas and absence of

radicular findings. There should be documentation of failure of conservative care to include an exercise program and anti-inflammatory for at least six weeks. In this case, there is no documentation of paravertebral tenderness. Rather, there is paraspinal tenderness overlying the spinal muscles. As facet injections are not supported at all by the California ACOEM Guidelines and per Official Disability Guidelines there is no documentation of tenderness overlying the facet joints, facet joint injections cannot be certified in this case.