

Case Number:	CM13-0045221		
Date Assigned:	12/27/2013	Date of Injury:	11/12/2012
Decision Date:	02/27/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 34-year-old male who reported a work-related injury on 11/12/2012, as a result of strain to the lumbar spine. The patient presents for treatment of low back pain and lumbosacral spondylosis without myelopathy. The clinical note dated 01/10/2014 reports the patient was seen under the care of [REDACTED]. The provider documents upon physical exam of the patient, tenderness upon palpation of the iliolumbar region bilaterally. Flexion upon lumbar spine was decreased. The provider documented the patient had not yet undergone an epidural steroid injection with a different provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient facet joint injection L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence the patient presented with significant subjective complaints or

significant objective findings of face mediated pain. California MTUS/ACOEM indicates invasive techniques such as local injections and facet injections of cortisone and lidocaine are of questionable merit. Additionally, Official Disability Guidelines indicate there must be documentation of the patient presenting with facet mediated pain, clinical presentation should be consistent with facet joint pain signs and symptoms. Given all of the above, the request for outpatient facet joint injection L4-5 and L5-S1 is not medically necessary or appropriate.