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| Case Number: | CM13-0050824 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 03/16/1994 |
| Decision Date: | 03/07/2014 | UR Denial Date: | 10/16/2013 |
| Priority: | Standard | Application Received: | 11/13/2013 |

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 Physical Medicine and Rehabilitation, 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 patient is a 70-year-old male who reported a work related injury on 3/16/94; the specific mechanism of injury was not stated. The patient is status post remote surgical interventions at the L4-5 level. The patient presents for treatment of low back pain with radiation of left lower extremity pain down to the knee, and with associated numbness and tingling sensations. The provider documented, upon physical exam of the patient, range of motion upon the lumbar spine was 90 degrees of flexion, 20 degrees of bilateral/lateral flexion, and 20 degrees of extension. The provider documented pain to the bilateral lumbar paraspinous region with range of motion, and tenderness upon palpation of the left lumbar facet joint at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for left lumbar facet joint injection of the L4-5 and L5-S1 levels with fluoroscopy and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. 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: The California MTUS/ACOEM indicates that invasive techniques such as local injections and facet joint injections of cortisone and lidocaine are of questionable merit. The clinical notes fail to evidence support for the requested injection therapy at this point in the patient's treatment. Furthermore, the clinical notes document the patient had undergone previous radiofrequency ablations as well as facet injections with a lack of documentation of their efficacy; this would be seen as an increase in objective functionality and a decrease in rate of pain, as well as medication use. The current request is not supported. As such, the request is not medically necessary or appropriate.