

Case Number:	CM13-0051332		
Date Assigned:	12/27/2013	Date of Injury:	01/08/2003
Decision Date:	03/14/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/14/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old female who reported an injury on 01/08/2003. The mechanism of injury was not provided for review. The patient developed bilateral carpal tunnel syndrome and was treated with carpal tunnel release. The patient continued to have significant symptomatology that failed to respond to a TENS unit, and physical therapy. The patient's chronic pain was managed with medications, biofeedback therapy and psychiatric support. The clinical documentation submitted for review does not provide an adequate physical assessment to support the request. The patient's diagnoses included bilateral carpal tunnel syndrome with continued symptomatology, myofascial pain in the bilateral hands and wrists, and mononeuritis of an unspecified site. The patient's treatment plan included a percutaneous electric stimulator trial and continuation of medications with participation in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paravertebral facet joint injection with image guidance, lumbar or sacral, single level:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308-310.

Decision rationale: The Physician Reviewer's decision rationale: The requested paravertebral facet joint injection with image guidance for the lumbar or sacral single level is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend facet joint injections for therapeutic purposes. Additionally, the clinical documentation submitted for review does not provide an adequate assessment of the patient's lumbosacral region to support this request. The clinical documentation does not support that the patient has any deficits of the low back that would require treatment. Clinical documentation submitted for review addresses the patient's bilateral carpal tunnel syndrome and forearm symptoms. As such, the requested paravertebral facet joint injection with image guidance for the lumbar or sacral at single level is not medically necessary or appropriate.