

Case Number:	CM13-0053514		
Date Assigned:	06/09/2014	Date of Injury:	10/03/2002
Decision Date:	07/15/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 expert 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 injured worker is a 52 year old female who was injured on 10/03/2002 when she was hit by an automobile. She is status post left above knee amputation, and is noted to be dependent upon a wheelchair for mobility. The injured worker was seen on 06/24/13 for left lower extremity stump pain status post above-knee amputations (AKA); neck and left shoulder and left upper extremity radicular pain; low back pain. Diagnoses were stump pain left lower extremity; radiculitis cervical; facet joint syndrome. The records indicate that the injured worker previously underwent radiofrequency ablation of the lumbar facets which helped her for one year has not been established. Therefore, the requested treatment is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET INJECTIONS L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Facet joint diagnostic blocks (injections); Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: There is no detailed physical examination with findings consistent with facet-mediated pain. Moreover, the injured worker has undergone a previous radiofrequency ablation of the lumbar facets which provided significant relief for one year. Based on the clinical information provided, medical necessity is not established for repeating facet injections at L4-5 and L5-S1.