

Case Number:	CM13-0054488		
Date Assigned:	12/30/2013	Date of Injury:	06/05/2006
Decision Date:	03/21/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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, 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 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 48-year-old male who reported an injury on 06/05/2006 when he sustained a low back lifting injury. He was seen on 12/20/2013 for complaints of axial low back pain radiating down his legs with numbness and tingling into the toes. The exam reported mild tenderness to L4 and S1, negative straight leg raise bilaterally, diminished sensation to pinprick in the toes bilaterally, and 2/4 deep tendon reflexes bilaterally. He was recommended 18 sessions of physical therapy or chiropractic treatment and 3 lumbar facet or epidural injections per year with repeat diagnostic imaging and/or electrodiagnostic studies. He was prescribed Norco 10/325mg and Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 facet injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 & 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300, 308-310..

Decision rationale: The CA MTUS/ACOEM does not recommend invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine). Additionally, the documentation provided does not note evidence of decreased sensation which is not consistent with facet mediated pain. The documentation does not provide evidence of failure of conservative treatments to resolve low back pain or radicular pain to warrant the need for any invasive procedures at this time. As such, the request is non-certified.