MAXIMUS Federal Services

Case Number:	CM13-0054802		
Date Assigned:	04/11/2014	Date of Injury:	06/14/2012
Decision Date:	05/28/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine & 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 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 reported an injury on 06/14/2012 after she was struck by an ultrasound bed, which reportedly caused injury to her low back. The injured worker's treatment history included medication usage, epidural steroid injections and a back brace. The injured worker was evaluated on 11/01/2013. It was documented that the injured worker had only had lasting benefit from the epidural steroid injection in 09/2013 for approximately 2 weeks. It was documented that the injured worker had had a return of severe low back pain that disrupted her ability to work. It was documented that the injured worker had 8/10 pain that was reduced to a 4/10 with medication usage. Physical findings included spasming and guarding of the lumbar spine with an antalgic gait. The injured worker's diagnoses included lumbar disc displacement without myelopathy. The injured worker's treatment paln included facet injections, continued medications and modified work duties. The injured worker was again evaluated on 11/15/2013. It was documented that the injured worker had severe low back pain. It was noted in the injured worker's treatment plan that facet injections would likely return the injured worker to baseline functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

1ST LEVEL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

2ND LEVEL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

EA ADD'L LEVEL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

FLUOROSCOPIC GUIDANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

IV SEDATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

BILATERAL L4-5, L5-S1 FACET JOINT INJECTION: Upheld

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

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

Decision rationale: The requested bilateral L4-5 and L5-S1 facet joint injections are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support the use of facet joint injections for therapeutic purposes. The clinical documentation submitted for review does not clearly identify that this injection will be for diagnostic purposes to determine the injured worker's appropriateness for a radiofrequency ablation. It was noted that the goal of treatment is to return the injured worker to baseline functoining. Therefore, the requested therapeutic facet joint injection would not be appropriated. As such, the requested bilateral L4-5 and L5-S1 facet joint injections are not medically necessary or appropriate.