

Case Number:	CM13-0062081		
Date Assigned:	12/30/2013	Date of Injury:	05/20/2013
Decision Date:	04/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/06/2013

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 and Rehabilitation, 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 patient is a 55-year-old female who reported an injury on 05/20/2013. The mechanism of injury was not submitted. The patient was diagnosed with post-traumatic stress disorder; contusion of the knee, right; elbow joint pain, right resolved; strain of the cervical spine; strain of the shoulder, trapezius muscle, right; shoulder joint pain, right; and thoracic sprain/strain. The progress report dated 11/26/2013 stated that the patient was recommended for a trial of bilateral L4-5 and L5-S1 facet joint injections for diagnostic/therapeutic purposes due to the failure of conservative treatment. The patient was seen for a follow-up appointment regarding the neck, mid back, low back, and right shoulder. The patient reported slight improvement since the last visit. The patient reported persistent right elbow pain. The patient had been treated with steroid injections to the elbow. The patient reported she continued to participate in home exercise program and medication. The patient was recommended L4-5 and L5-S1 bilateral facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5, L5-S1 FACET JOINT INJECTION, PET 11/20/13 FORM, QTY: 1.00: 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): 301.

Decision rationale: The MTUS/ACOEM Guidelines indicate that invasive techniques, such as local injections, and facet joint injections of cortisone or lidocaine are of questionable merit. The guidelines state that despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. The claimant complained of pain to the neck, back, right shoulder and right elbow. However, no objective clinical documentation was submitted for review indicating a failure of conservative treatment. Given the lack of documentation to support guideline criteria, the request is non-certified.