

Case Number:	CM13-0068383		
Date Assigned:	01/03/2014	Date of Injury:	11/25/1996
Decision Date:	05/30/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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 Occupational Medicine, 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 patient is a 54 year old male who was injured on 11/25/06. The mechanism of injury was not provided for review. AX-rays dated 11/13/13 show excellent alignment with progressive bony consolidation. An office note dated 11/19/13 states that the patient is status post cervical surgery. He indicates he is feeling better. He does have some back pain, which is exacerbated with extension and rotation. On exam, his neurological function is intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FACET INJECTION AT L2-3 LEVEL: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: This is a request for a facet injection at L2-3 level for a 54 year old male with chronic back pain from an 11/25/06 injury. Very little detail is provided in the medical records. There is mention of back pain that worsens with extension and rotation. The provider states that the facet joint is pathologic, and injection would be warranted. No other specifics are

provided with regard to symptoms. No pertinent exam findings are documented. Lumbar diagnostics are not provided. Prior and current lumbar treatment is not discussed. The purpose of the injection is not provided (i.e. therapeutic vs. diagnostic), nor is it specified whether the injection is intra-articular or a medial branch block. Due to a lack of pertinent information, the request is not medically necessary.