

Case Number:	CM14-0001660		
Date Assigned:	01/22/2014	Date of Injury:	05/15/2010
Decision Date:	12/31/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 48 year old male who sustained an industrial injury on 05/15/10. The request was for bilateral L4-L5, L5-S1 facet injection. The clinical note from 12/31/13 was reviewed. The diagnoses included lumbar facet arthropathy and myofascial pain. The plan of care included Diclofenac 75mg BID, Norflex 100mg TID, Physical therapy and facet joint injections. There is no other clinical note available. The utilization review letter had details of a progress note. The employee reportedly had bilateral thigh numbness and tingling that traveled down to their bilateral feet. Examination revealed tenderness to palpation to the cervical, thoracic and lumbar spine. The sensation was normal to light touch in the upper extremities. He was prescribed physical therapy and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5, L5-S1 Facet Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint injections

Decision rationale: The employee was a 48 year old male who sustained an industrial injury on 05/15/10. The request was for bilateral L4-L5, L5-S1 facet injection. The clinical note from 12/31/13 was reviewed. The diagnoses included lumbar facet arthropathy and myofascial pain. The plan of care included Diclofenac 75mg BID, Norflex 100mg TID, Physical therapy and facet joint injections. There is no other clinical note available. The utilization review letter had details of a progress note. The employee reportedly had bilateral thigh numbness and tingling that traveled down to their bilateral feet. Examination revealed tenderness to palpation to the cervical, thoracic and lumbar spine. The sensation was normal to light touch in the upper extremities. He was prescribed physical therapy and electrodiagnostic studies. The Official Disability Guidelines, recommend facet injections to patients with low back pain that is non radicular, at no more than two levels bilaterally in a setting of failure to improve with conservative treatment. The medical records submitted for review included very limited notes from December 2013 and utilization review notes. There was no detailed progress notes available for review including examination and previous treatment. Given the lack of physical examination and lack of details on previous treatments, the request for facet joint injection is not medically necessary or appropriate.