

Case Number:	CM14-0102367		
Date Assigned:	07/30/2014	Date of Injury:	04/28/2012
Decision Date:	09/03/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and 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 63-year-old male who reported an injury on 04/28/2012. The mechanism of injury was not specifically stated. The only clinical documentation submitted for this review is a progress report dated 09/24/2013. The current diagnoses include cognitive disorder, adjustment disorder, and chronic low back pain. It is noted that the injured worker is status post cervical spine surgery and carpal tunnel surgery. It was noted that the injured worker was evaluated on 09/20/2013 with reports of an improved mood and an increase in physical activity. The injured worker reported an increase in pain. The injured worker scored a 4 on the Beck anxiety inventory, indicating minimal anxiety. Treatment recommendations at that time included authorization for 4 additional cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection at L2-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Block.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state prior to a facet injection, the clinical presentation should be consistent with facet joint pain, signs and symptoms. There was no physical examination of the lumbar spine provided for this review. Additionally, there is no evidence of an exhaustion of conservative treatment. The Official Disability Guidelines further state facet joint injections are recommended for patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. Therefore, the current request is not medically appropriate. As such, the request is not medically necessary.