

Case Number:	CM14-0112319		
Date Assigned:	08/01/2014	Date of Injury:	10/21/2008
Decision Date:	10/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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 Maryland and Alabama. 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 50 year old male [REDACTED] sustained an industrial injury on 10/21/08. The patient has had knee surgeries in the past; he is status post anterior lumbar discectomy and fusion of L5-S1. On his visit on 6/30/14, it was found that the patient had diffuses thoracic/ lumbar peri-surgical facet tenderness. Based on the findings, a request for a thoracic facet injection has been implied and has been questioned here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic palpation directed facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301,Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS ACOEM guidelines do not recommend facet joint injections for treatment of low back disorder, especially in the absence of more conservative approach. A diagnostic facet injection in this case may be medically necessary to localize the source of pain but not necessarily for treatment of this pain. Therefore, the clinical information

provided to me does not establish the medical necessity for this request as a treatment option but could be argued that it could be done as a diagnostic tool.