

Case Number:	CM14-0117701		
Date Assigned:	08/06/2014	Date of Injury:	03/10/1992
Decision Date:	09/12/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/25/2014

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 Nevada. 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 records, presented for review, indicate that this 73 year old male was reportedly injured on March 10, 1992. The mechanism of injury is undisclosed. The most recent progress note, dated April 25, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness over the paraspinal muscles of the lumbar spine as well as the sacroiliac joints, decreased lumbar spine range of motion and a positive right sided straight leg raise test, and decreased sensation was noted over the right L5 dermatome. Diagnostic imaging studies of the lumbar spine revealed multilevel degenerative changes. Previous treatment is unknown. A request was made for an L5 facet injection and was not certified in the preauthorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Low Back Procedure Summary last updated 05/12/2014.

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 - Lumbar and Thoracic, Facet Joint Intra-Articular Injections, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, facet joint injections are not recommended for individuals with radicular pain. The progress note, dated April 25, 2014, has objective findings of a radiculopathy. Considering this, the request for an L5 facet injection is not medically necessary.