

Case Number:	CM14-0137766		
Date Assigned:	09/05/2014	Date of Injury:	06/27/2012
Decision Date:	12/31/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family 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:

Patient had a date of injury on 6/27/2012. The patient was cleaning metal frames and was bending down to pick up the frames and felt low back pain. Treatments have included chiropractic treatments, Norco, Ibuprofen, Neurontin, Flexeril and Elavil. The patient had an epidural steroid injection at the right L5 and S1 transformina with minimal improvement. Diagnosis includes: Mood Disorder, Lumbago, Lumbar Disc Degenerative Disease, Spondylosis and Insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 and L5-S1 Facet Joint Injection with mod sedation per report dated 07/25/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to medical records lower back invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit.

Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Based on the patient's medical records there is no documentation stating the patient meets criteria for an injection - MRI failed to show facet arthropathy at L4-L5 and L5-S1 and no conclusive physical examination evidence and thus is not medically necessary.