

Case Number:	CM14-0178979		
Date Assigned:	11/03/2014	Date of Injury:	05/18/2012
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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 underlying date of injury in this case is 05/18/2012. The date of the utilization review is 10/09/2014. On 08/11/2014, the patient was seen in initial evaluation of low back pain. The patient reported that pain developed from an injury on 05/18/2012 when she lifted a patient in bed and she hurt her right arm and pulled her back. The patient reported ongoing pain in her lower back and referred to her right leg, with tingling in the right leg to her mid-thigh area. The patient reported the pain was aggravated by bending or sitting for long periods of time or standing for long periods of time, and it was improved with rest and pain medication. The treating physician diagnosed the patient with lumbar spondylosis as well as sacroiliitis, myofascial pain, and facet arthritis. The treatment plan was for right-sided lumbar facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet series of 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of diagnostic blocks for facet "mediated" pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Intra-articular Injections

Decision rationale: The ACOEM Guidelines, Chapter 12, Low back, page 300, state that invasive techniques such as steroid facet injections are of questionable merit. The medical record does not provide alternate rationale to support an indication for intra-articular facet injections. Moreover, the current treatment request does not state the spinal level at which facet injections are requested, and for this reason it is not possible to apply this guideline. Additionally, the Official Disability Guidelines/Treatment in Workers Compensation/Low Back discusses facet joint intra-articular injections and state that there is conflicting evidence as to the efficacy of this procedure. Therefore, this current request is ambiguous as to the level at which it is requested, and this treatment is not supported as effective based on the treatment guidelines. For these multiple reasons, this request is not medically necessary.