

Case Number:	CM14-0186145		
Date Assigned:	11/14/2014	Date of Injury:	01/29/2010
Decision Date:	12/30/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/07/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 51-year-old man who sustained a work-related injury on January 29, 2010. Subsequently, the patient developed chronic back pain. According to a progress report dated on March 7, 2014, the patient was complaining of chronic back pain radiating to both lower extremities. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, decreased sensation to light touch lateral thighs, mild bilateral lower extremities weakness. His MRI of the lumbosacral spine performed on March 18, 2014 and demonstrated multilevel degenerative disc disease. The patient was diagnosed with lumbar facet arthritis and myofascial spasm. The provider requested authorization for bilateral facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 facet injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: There is no documentation of facet mediated pain; there is no clear evidence or documentation that lumbar and sacral facets are main pain generator. There is no documentation of the efficacy of previous facet injections. Therefore, based on the guidelines and documentation Bilateral L4-5 and L5-S1 facet injections is not medically necessary.