

Case Number:	CM14-0044827		
Date Assigned:	07/02/2014	Date of Injury:	02/20/2012
Decision Date:	08/05/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/11/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49-year-old female with a date of injury of 02/20/2012. The listed diagnosis is lumbar spine strain/sprain. According to progress report 02/13/2014, the patient presents with chronic low back pain. She is having complaints of pain in the low back region going down the right leg. Examination revealed tenderness and pain on right side of lumbosacral over the L5-S1 facet region. Rotation and extension aggravate this pain. Range of motion is flexion 25 degrees, extension 15 degrees, and pain with motion. MRI scan from 01/17/2014 revealed slight desiccation of the L4-L5 disk and L5-S1 showed a very tiny central bulge. The request is for facet injection on the right at levels L5 to S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection on the right at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174 ; 300 and 301 and on the Non-MTUS ODG.

Decision rationale: Guidelines do not recommend facet injections due to their questionable merit. ACOEM Guidelines do not support facet injections for treatment, but does discuss dorsal medial branch block as well as radiofrequency ablations on page 300 and 301. ODG Guidelines also support facet diagnostic evaluation for patients presenting with paravertebral tenderness with non-radicular symptoms. In this case, this patient presents with radicular pain. As noted in progress report 02/13/2014, patient complains of low back pain that goes down right leg. Facet injections are recommended for non-radicular symptoms. Treatment is not medically necessary.