

Case Number:	CM14-0060322		
Date Assigned:	07/09/2014	Date of Injury:	07/15/2013
Decision Date:	08/11/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/01/2014

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 medical records presented for review indicate that this 54-year-old individual was reportedly injured on July 15, 2013. The mechanism of injury was noted as a trip and fall. The most recent progress note, dated February 7, 2014, indicated that there were ongoing complaints of low back pain. The physical examination was not presented in the previous progress notes. Diagnostic imaging studies were not presented. Previous treatment included facet joint injections, where 80% symptomatic relief was noted, physical therapy and multiple medications. A request had been made for facet joint injections and was not certified in the pre-authorization process on April 3, 2014.

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 Joint Injection Via Fluoroscopy under moderate sedation:
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), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The last several progress notes did not provide any physical examination evidence of any functional improvement or a function of the previous injection. There is a subjective assessment of 80% (anyone case offered at 100%) improvement. However, it is not clear from these progress notes, how many facet injections have been completed, the length of time has been relief of symptomatology, and there was reference to marked degenerative changes in the lumbar spine, which would be a contraindication for continued facet injections. Therefore, based on the limited medical records presented for review, the medical necessity for this procedure has not been established.