

Case Number:	CM14-0067170		
Date Assigned:	07/16/2014	Date of Injury:	02/20/2012
Decision Date:	10/01/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/12/2014

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 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 records presented for review indicate that this 48-year-old gentleman was reportedly injured on February 20, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 26, 2014, indicates that there are ongoing complaints of low back pain with spasms radiating to the right lower extremity. The physical examination demonstrated tenderness and swelling along the lumbar spine with decreased lumbar spine range of motion. There was a diagnosis of a lumbar spine sprain/strain, lumbar spine spasms, and radiculopathy of the right leg. Diagnostic imaging studies of the lumbar spine revealed degenerative disc disease and spondylosis to most severe at L5 - S1 with a disc protrusion previous treatment includes acupuncture, chiropractic care, physical therapy, and oral medications. A request had been made for a facet injection on the right-sided L5 - S1 and was denied in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Facet injection on the right at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Facet Joint Diagnostic Blocks, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines lumbar spine facet injections should be limited to patients with low back pain whose pain is non-radicular. The attach medical record states that the injured employee complains of pain radiating to the right lower extremity to the most recent progress note dated June 26, 2014, includes a diagnosis of a right leg radiculopathy. As such, this request for a facet injection on the right at L5 - S1 is not medically necessary.