

Case Number:	CM14-0087020		
Date Assigned:	07/23/2014	Date of Injury:	08/27/2008
Decision Date:	09/30/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/10/2014

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 53-year-old male was reportedly injured on August 27, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 23, 2014, indicated that there were ongoing complaints of low back pain with a radicular component. It was noted pain resolved with a lumbar epidural steroid injection. The physical examination demonstrated a well-developed, well-nourished individual in no acute distress. There was tenderness to palpation in the lower lumbar spine and over the bilateral facet joints at L4-L5 and L5-S1. A decrease in lumbar spine range of motion was noted. Diagnostic imaging studies were not presented for review. Previous treatment included injection therapy, multiple medications, and pain management techniques. A request had been made for multiple level facet joint injections and was not certified in the pre-authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 4-5, Lumbar 5- Sacral 1 Facet Joint Injections under Intravenous Sedation:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter, Facet Joint Diagnostic Blocks (Injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-301.

Decision rationale: The medical records indicate that a recent lumbar epidural steroid injection completely resolved the pain complaints. Therefore, there is no clinical indication that the pain generator is the facet joints. As outlined in the MTUS, such injections are indicated as a potential rhizotomy is considered; however, there is no data to present to suggest that this is the pain generator. As such, based the clinical information presented for review, the request is not medically necessary.