

Case Number:	CM14-0089482		
Date Assigned:	09/19/2014	Date of Injury:	10/08/2013
Decision Date:	10/17/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/16/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 58 year old woman involved in a work related injury from 10/8/13. The injured worker had a low back injury after a lifting incident. The notes indicate low back pain radiating into the leg. The injured worker's magnetic resonance imaging shows a disc herniation impinging on the L4 nerve root. The request is made for lumbar facet injections and physical therapy. The injured worker had been treated with an epidural steroid injection from 11/13 and again in 1/14. There is a note from a neurosurgeon from 5/14. This note states that the injured worker has complaints of pain extending into the right leg and a little back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Injections under fluoroscopy at L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Facet Injections

Decision rationale: The available data indicates that this injured worker's pain is mostly in the right leg and is radicular in nature. Findings on the magnetic resonance imaging scan note disc

pathology impinging on the L4 nerve root. The exam does not show focal neurological deficits in the legs, but the injured worker's key complaints are radicular in nature. There are no findings identifying facet joint pathology either. Given this, and noting the clinical guidelines, the request for lumbar facet injections are not supported and are considered not medically necessary.

6 sessions of physical therapy for low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The notes indicate that the injured worker has completed 20 sessions of physical therapy. After this time, the number of sessions provided should be adequate and the injured worker should be able to do her own independent home exercise program. Therefore, the request is not medically necessary.