

Case Number:	CM14-0097782		
Date Assigned:	07/28/2014	Date of Injury:	12/10/2009
Decision Date:	10/16/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/26/2014

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 records, presented for review, indicate that this 70-year-old male was reportedly injured on 12/10/2009. The most recent progress note, dated 5/6/2014, indicated that there were ongoing complaints of upper back, lower back, right elbow, and left knee pains. The physical examination demonstrated both lower extremities muscle strength was 5/5, patellar and Achilles reflexes were nonreactive, and sensory exam was within normal limits. Pain was with lumbar spine extension. No recent diagnostic studies are available for review. Previous treatment included medications, injections, and conservative treatment. A request had been made for lumbar right side L4-L5 facet injections and was not certified in the pre-authorization process on 5/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 facet Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

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

Decision rationale: The MTUS/ACOEM Treatment guidelines do not support facet joint injections in patients who have failed to achieve lasting functional improvement with a prior

injection. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such, this request is not considered medically necessary.