

Case Number:	CM14-0099561		
Date Assigned:	07/28/2014	Date of Injury:	08/20/2010
Decision Date:	09/09/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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 44-year-old female was reportedly injured on August 20, 2010. The mechanism of injury was noted as a trip and fall type event. The most recent progress note (Qualified Medical Evaluation) dated July 1, 2014, indicated that there were ongoing complaints of low back pain and sleep disorder. The physical examination demonstrated did not identify any specific orthopedic findings but were facet joint mediated pain generators. The orthopedic evaluation described paravertebral muscle spasm with rigidity. Diagnostic imaging studies objectified multiple level degenerative changes, bulging discs and facet arthropathy. Previous treatment included chiropractic care, physical therapy, multiple medications, and pain management interventions. A request was made for facet injections and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 Facet Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: As outlined in the ACOEM guidelines, local injections are of questionable merit. Furthermore, the orthopedic physical examination noted rigidity, associated muscle spasm and no evidence of a facet mediated pain generator. While noting multiple level degenerative changes on the enhanced imaging studies, there is no objectification that this is the pain generator. As such, the medical necessity for this procedure has not been established.