

Case Number:	CM14-0183217		
Date Assigned:	11/10/2014	Date of Injury:	02/08/2008
Decision Date:	01/26/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 31 year old male with date of injury 2/8/08. The mechanism of injury is stated as a crush injury to the right leg. The patient has complained of low back pain since the date of injury. He has been treated with surgery (details not specified), physical therapy, bone stimulation and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the lumbar spinous processes. Diagnoses: lumbago. Treatment plan and request: bilateral facet injection L4-5 and L5-S1 with sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Injection L4-5 and L5-S1 with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet Injections.

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

Decision rationale: This 31 year old male has complained of low back pain since date of injury 2/8/08. He has been treated with surgery (details not specified), physical therapy, bone stimulation and medications. The current request is for bilateral L4-5, L5-S1 facet injections with

sedation. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, bilateral L4-5, L5-S1 facet injections with sedation are not indicated as medically necessary.