

Case Number:	CM14-0191215		
Date Assigned:	11/25/2014	Date of Injury:	08/26/2002
Decision Date:	01/13/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine and is licensed to practice in California. 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:

Injured worker is a 48 year old female with injury date listed as 06/03/99 that occurred while she was breaking up a fight resulting in low back pain. Claimant employed as a special education teacher. Past medical treatment includes ESI's, facet blocks in 1999, status post anterior fusion at L4-5 and L5-S1 and posterior fusion at L3-4, L4-5 and L5-S1, IDET procedure 01/17/03. Another lumbar surgery is documented 01/2004 (fusion L4-5), 07/27/06 (hardware removal, extension of fusion L5-S1), and 09/16/08 (unknown surgery). This request is for facet joint injection at L3-S1 and claimant with history of lumbar fusions. MD office note dated 08/07/14 states claimant still complaining of pain. Diagnosis is cervical radiculopathy, lumbosacral radiculopathy and hip tend/burs. Per medical record, claimant is working. ODG guidelines state facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally. CA MTUS and ACOEM are nonspecific.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint injections at left L3-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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 medical records fail to document objective and subjective physical examination findings that are consistent with a facet mediated type of pain. In the absence of objective facet mediated pain, the patient would not be considered an appropriate candidate for this type of interventional pain management procedure. Therefore the request is not medically necessary.