

Case Number:	CM15-0004658		
Date Assigned:	01/23/2015	Date of Injury:	12/20/1974
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old female who reported an injury on 12/20/1974 due to an unspecified mechanism of injury. A medical necessity letter dated 12/30/2014 states that the injured worker is symptomatic regarding the low back. It was noted that she had undergone epidural steroid injections but did not respond to those. It was also stated that she did respond to facet injections at the L3-4, L4-5, and L5-S1 with a 90% reduction of pain that lasted for 10 months. It was also noted that her most recent MRI of the lumbar spine showed significant ongoing pathology including L5-S1 anterolisthesis and facet arthropathies that involved all levels from the T10-11 down to the L5-S1. It was noted that the low back had been highly responsive to her lower lumbar facet joint injections and therefore a request was being made for repeat injections. The treatment plan was for an L3-4, L4-5, and L5-S1 bilateral facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L3/4, L4/5, L5/S1 BILATERAL FACET INJECTION: 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 Joint Injections.

Decision rationale: The Official Disability Guidelines recommend facet injections when symptoms are consistent with facet joint pain, signs and symptoms and only with the anticipation that if successful, treatment may proceed to a facet neurotomy at the diagnosed levels. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine and had reportedly responded to facet injections at the requested levels previously. However, there is a lack of documentation showing that she had an effective improvement in function with the injections to support repeat injections. In addition, recent physical examination findings regarding the injured worker's condition showing the signs and symptoms of facet joint pain was not provided for review. Also, the documentation provided does not indicate that there is anticipation for a facet neurotomy as proposed by the cited guidelines. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.