

Case Number:	CM15-0206923		
Date Assigned:	10/23/2015	Date of Injury:	11/23/2009
Decision Date:	12/14/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 male who sustained an industrial injury on 11-23-2009. A review of medical records indicates the injured worker is being treated for lumbosacral sprain strain, lumbar disc bulge, and cervical sprain strain. Medical records dated 9-22-2015 noted lower back pain and neck pain. Physical examination noted decreased range of motion to the cervical and lumbar spine. He is retired. Treatment has included Percocet, Diovan, Soma, Neurontin, and four back surgeries. Utilization review form dated 9-30-2015 noncertified transforaminal epidural steroid injection right L3-4, L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection in right L3-4/L4-5: 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.

Decision rationale: Guidelines do not support facet joint injections as they are of questionable merit and provide no long term functional benefit or reduce the need for surgery. However, one diagnostic facet joint injection may be recommended for patients with chronic low back pain that is exacerbated by extension and rotation and not alleviated with conservative treatments. In this case, it is not specified whether the facet injection is for the left or right side and why multiple levels are needed. In addition the signs of facet joint pathology and results of MRI or EMG are not documented. The request for right lumbar facet joint injection L3-4/L4-5 is not medically appropriate and necessary.