

Case Number:	CM15-0021134		
Date Assigned:	02/10/2015	Date of Injury:	11/28/2013
Decision Date:	03/26/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/03/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 55 year old female, who sustained a work related injury on 11/28/13. The diagnoses have included lumbar radiculopathy and lumbar spondylosis. Treatments to date have included acupuncture and back brace use. In the PR-2 dated 12/16/14, the injured worker complains of lower back pain with pain that goes down right thigh to knee. She complains of stiffness and spasms in lower back. She states her back pain is better with acupuncture treatments. She has decreased range of motion with lower back. On 1/2/15, Utilization Review non-certified a request for lumbar facet joint injection, right L3-4, L4-5 and L5-S1. The California MTUS, ACOEM Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Joint Injection Right L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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

Decision rationale: Acoem guidelines note that facet injections are of questionable merit and are not a MTUS recommended treatment. Facet injections are not recommended or supported in ODG also. The requested facet injections are not medically necessary for this patient.