

Case Number:	CM15-0029747		
Date Assigned:	02/23/2015	Date of Injury:	08/08/1997
Decision Date:	04/22/2015	UR Denial Date:	01/31/2015
Priority:	Standard	Application Received:	02/17/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 66-year-old female, who sustained an industrial injury on 8/8/1997. On 2/17/15, the injured worker submitted an application for IMR for review of Right L2-3 Facet Joint Injection Qty 1.00, and Right L3-4 Facet Joint Injection Qty 1.00, and Left L2-3 Facet Joint Injection Qty 1.00, and Left L3-4 Facet Joint Injection Qty 1.00. The treating provider has reported the injured worker complained of low back pain with radiating symptoms of pain, numbness and tingling. The diagnoses have included failed neck surgery syndrome; failed back syndrome; muscle spasm, depression, insomnia, sciatica. Treatment to date has included cervical laminectomy (no date); cervical radiofrequency neuroablation (2/2013), trigger point injections-right trapezius (9/10/14); interlaminar epidural injections L2-L3 and right L3-4 transforaminal epidural steroid injection (9/23/14). On 1/31/15 Utilization Review non-certified Right L2-3 Facet Joint Injection Qty 1.00, and Right L3-4 Facet Joint Injection Qty 1.00, and Left L2-3 Facet Joint Injection Qty 1.00, and Left L3-4 Facet Joint Injection Qty 1.00. The ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2-3 Facet Joint Injection Qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG -Treatment Workers' Compensation, 12th Edition), Facet Joint therapeutic steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 174 and 181, page(s) 300 and 307..

Decision rationale: The ACOEM Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a right facet injection at the L2 level is not medically necessary.

Left L2-3 Facet Joint Injection Qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG - Treatment Workers' Compensation, 12th Edition), Facet Joint therapeutic steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174 and 181, page(s) 300 and 307.

Decision rationale: The ACOEM Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a left facet injection at the L2 level is not medically necessary.

Right L3-4 Facet Joint Injection Qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG -Treatment Workers' Compensation, 12th Edition), Facet Joint therapeutic steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174 and 181, page(s) 300 and 307..

Decision rationale: The ACOEM Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and

chronic pain, there are no good studies to support this claim. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a right facet injection at the L3 level is not medically necessary.

Left L3-4 Facet Joint Injection Qty 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG -Treatment Workers' Compensation, 12th Edition), Facet Joint therapeutic steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 174 and 181, page(s) 300 and 307.

Decision rationale: The ACOEM Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a right facet injection at the L3 level is not medically necessary.