

Case Number:	CM15-0038935		
Date Assigned:	03/09/2015	Date of Injury:	05/16/2013
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 54-year-old female who sustained an industrial injury on 05/16/2013. She reported pain in the right knee with subsequent complaints of shoulder and low back pain. The injured worker was diagnosed as having a right knee meniscal tear lumbar facet arthropathy and lumbar strain. Treatment to date has included Euflexxa injections to the knee, and bilateral L3-4, L4-5 facet injections that provided pain relief, and an epidural steroid injection (07/2014) that was of no benefit. The IW is under the care of a pain management specialist. Currently, the injured worker complains of pain in the shoulder, knee and low back. The treatment plan includes a repeat of her bilateral L3-4 and L4-5 Facet injections. A request for authorization was made for Bilateral L3-L4, L4-L5 Facet Injection

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4,L4-L5 Facet Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet Joint Intra-articular injections (therapeutic blocks).

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 Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic knee and low back pain. She underwent bilateral facet injections on 01/08/15 with reported benefit. Being requested is authorization for a second facet injection procedure. In terms of diagnostic facet joint injections / blocks, current guidelines recommend no more than one set of injections prior to facet neurotomy. In this case, the claimant has already undergone facet injections with reported benefit and therefore a second set of injections is not medically necessary.