

Case Number:	CM15-0047070		
Date Assigned:	03/19/2015	Date of Injury:	07/30/2014
Decision Date:	04/20/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 31 year old male, who sustained an industrial injury on July 30, 2014. He has reported lower back pain and right leg pain. Diagnoses have included lower back pain, lumbar/lumbosacral degenerative disc disease, lumbar spine spondylosis, and lumbar spine stenosis. Treatment included medications, physical therapy, chiropractic treatment, and imaging studies. A progress note dated February 4, 2015 indicates a chief complaint of back pain and right leg pain. The treating physician documented a plan of care that included facet joint injection and epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 301 and 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The injured worker sustained a work related injury on July 30, 2014. The medical records provided indicate the diagnosis of lower back pain, lumbar/lumbosacral degenerative disc disease, lumbar spine spondylosis, and lumbar spine stenosis. Treatment included medications, physical therapy, chiropractic treatment. The medical records provided for review do not indicate a medical necessity Lumbar Facet Joint Injection. The MTUS recommends against facet joint injection.