

Case Number:	CM15-0082439		
Date Assigned:	05/04/2015	Date of Injury:	04/17/2003
Decision Date:	06/03/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/29/2015

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 is a 49 year old female, who sustained an industrial injury on 04/17/2003. The injured worker is currently diagnosed as having degeneration of lumbar intervertebral disc and lumbar spondylolisthesis. Treatment and diagnostics to date has included chiropractic treatment, lumbar spine MRI, and medications. In a progress note dated 04/13/2015, the injured worker presented with complaints of bilateral low back pain. The treating physician reported requesting authorization for lumbar facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Injections (spine level and quantity not provided): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301.

Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187.

Decision rationale: The claimant sustained a work injury more than two years ago and continues to be treated for low back pain. When seen, prior injections are referenced as having provided

mild improvement. She was having constant moderate to severe low back pain. She was requesting repeat facet injections. Physical examination findings included decreased and painful lumbar spine range of motion and tenderness. Authorization for facet injections was requested. One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments in order to determine whether specific interventions targeting the facet joint are recommended. In this case, the claimant has already undergone one previous facet injection with poorly documented response. If there had been a positive diagnostic response from the first injection, then medial branch radiofrequency ablation would be considered. Regardless, performing a second diagnostic facet injection procedure is not medically necessary.