

Case Number:	CM14-0108406		
Date Assigned:	09/19/2014	Date of Injury:	02/25/2010
Decision Date:	12/02/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 49 year-old male with date of injury 02/25/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/15/2014, lists subjective complaints as pain in the low back with radicular symptoms to the right leg. MRI performed on 10/16/2012 was notable for mild degenerative changes at L2-L5 levels with an annular tear at L4-L5. A 10/30/2012 electrodiagnostic study of the bilateral lower extremities was normal. Objective findings: Examination of the thoracic and lumbar spine revealed tenderness to palpation of the paraspinal muscles. Range of motion was normal and painless in all planes. Neurological function was intact. Diagnosis: 1. Chronic thoracic strain 2. Chronic lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4, L4-5 and L5-S1 intra-articular facet injections: 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 - Lumbar and Thoracic (Acute and Chronic) Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks. Although the patient appears to be a candidate for transforaminal intra-articular facet injections, which at 2 levels were previously authorized, the request is for 3 levels which is more than the recommended number of levels in the MTUS. Right L3-4, L4-5 and L5-S1 intra-articular facet injections is not medically necessary.