

Case Number:	CM14-0133829		
Date Assigned:	08/25/2014	Date of Injury:	04/24/2014
Decision Date:	09/24/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 52 year old male who sustained a work injury on 4-24-14. The claimant has a diagnosis of sprain of the neck, brachial neuritis and lumbar sprain. Office visit on 7-14-14 notes the claimant had head, neck, right shoulder and low back pain. He continued to report numbness and tingling to the extremities, right shoulder pain that was unchanged and mild headaches. He had seen a neurosurgeon and surgery was not recommended. On exam, the claimant had decreased sensation to the lower extremities, motor testing was 5/5 to the lower extremities. Heel - toe walking was painful. The claimant has been treated with physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint 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 Low Back Facet Joint Diagnostic Blocks (Injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: ODG notes that facet joint injection is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Medical Records reflect the claimant was still completing physical therapy. He had not completed conservative treatment. Additionally, his physical exam did not show evidence of facet mediated pain and the claimant has radicular complaints. Therefore, based on the records provided, this request is not established as medically necessary.