

Case Number:	CM13-0035353		
Date Assigned:	12/13/2013	Date of Injury:	06/14/2006
Decision Date:	09/25/2015	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/17/2013

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, Florida, California
 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 40-year-old female, who sustained an industrial injury on 3-1-2006. Diagnoses have included chronic cervical, thoracic and lumbar strain, bilateral carpal tunnel syndrome, upper extremity overuse and bilateral plantar fasciitis. Treatment to date has included surgery, facet injections and medication. According to the progress report dated 6-26-2013, the injured worker complained of ongoing pain across her neck, thoracic and lumbar region. She complained of increased pain in the plantar aspects of the feet. Physical exam revealed symptoms of bilateral carpal tunnel syndrome. There was tenderness across the neck, mid and lower back, along with spasms in the neck and lumbar area. She had bilateral plantar fascial pain. It was noted that previous facet injections gave excellent relief. Authorization was requested for two (2) facet joint injections to the lumbar spine (unspecified level and laterality), under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) facet joint injections to the lumbar spine (unspecified level and laterality), under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, [https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): California MTUS, Chapter 12 of ACOEM dealing with the low back, note on page 298.

Decision rationale: This claimant was injured 9 years ago with diagnoses of chronic cervical, thoracic and lumbar strain, bilateral carpal tunnel syndrome, upper extremity overuse and bilateral plantar fasciitis. Treatment to date has included past facet injections, which although they were stated to provide relief, the objective, functional improvement stipulated under MTUS is not noted. As of June 2013, there is still pain across her neck, thoracic and lumbar region. The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: "Invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit." In this case, the injections themselves are of questionable merit under the MTUS. Moreover, objective, functional improvement measures out of past injections are unknown. Finally, the levels and laterality are not specified. The request is not medically necessary.