

Case Number:	CM14-0212980		
Date Assigned:	12/30/2014	Date of Injury:	01/14/2014
Decision Date:	02/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 66-year-old gentleman with a date of injury of 01/14/2011. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/21/2014 indicated the worker was experiencing lower back pain and stiffness that went into the right leg and left buttock. The documented examination described body language consistent with distress due to pain. The submitted and reviewed documentation concluded the worker was suffering from back pain, lumbar degenerative disk disease, and lumbar radiculopathy. Treatment recommendations included facet injects on both sides at L4 and L5 and chiropractic care. A Utilization Review decision was rendered on 12/11/2014 recommending non-certification for two right L4- L5, left L4-L5, right L5-S1, and left L5-S1 facet joint injections. A MRI report dated 05/30/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right facet joint injection at L4-L5 QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300 and 307,174 and 181.

Decision rationale: The ACOEM Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The submitted and reviewed documentation concluded the worker was suffering back pain, lumbar degenerative disk disease, and lumbar radiculopathy. There was no discussion that sufficiently detailed special circumstances that would support this treatment in this setting. In the absence of such evidence, the request for two right L4- L5 facet joint injections is not medically necessary.

Left facet joint injection at L4-L5 QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300 and 307, 174 and 181.

Decision rationale: The ACOEM Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The submitted and reviewed documentation concluded the worker was suffering back pain, lumbar degenerative disk disease, and lumbar radiculopathy. There was no discussion that sufficiently detailed special circumstances that would support this treatment in this setting. In the absence of such evidence, the request for two left L4- L5 facet joint injections is not medically necessary.

Right facet joint injection at L5-S1 QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300 and 307,174 and 181.

Decision rationale: The ACOEM Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The submitted and reviewed documentation concluded the worker was suffering back pain, lumbar degenerative disk disease, and lumbar radiculopathy. There was no discussion that sufficiently detailed special

circumstances that would support this treatment in this setting. In the absence of such evidence, the request for two right L5- S1 facet joint injections is not medically necessary.

Left facet joint injection at L5-S1 QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300 and 307,174 and 181.

Decision rationale: The ACOEM Guidelines do not support the use of facet injections in the treatment of acute or chronic neck, upper, or lower back pain. While some clinicians believe this treatment has some short-term benefit for those in the transition period between acute and chronic pain, there are no good studies to support this claim. The submitted and reviewed documentation concluded the worker was suffering back pain, lumbar degenerative disk disease, and lumbar radiculopathy. There was no discussion that sufficiently detailed special circumstances that would support this treatment in this setting. In the absence of such evidence, the request for two left L5-S1 facet joint injections is not medically necessary.