

Case Number:	CM15-0018268		
Date Assigned:	02/06/2015	Date of Injury:	07/08/2014
Decision Date:	04/14/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 61-year-old male injured worker suffered and industrial injury on 7/8/2014. The diagnoses were lumbosacral joint or ligament strain, thoracic sprain, lumbosacral spondylosis without myelopathy, spinal stenosis without neurogenic claudication, degeneration of the lumbar or lumbosacral intervertebral disc, sacroiliitis, and displacement of the lumbar intervertebral disc. The diagnostic studies were x-rays computerized tomography, and magnetic resonance imaging of the lumbar spine. The treatments were medications, lumbar fusion and nerve blocks. The treating provider reported low back pain, hip pain, and anterior thigh pain described as burning that worsens with sitting. The Utilization Review Determination on 1/20/2015 non-certified 1 Right facet injection at the L4-L5 and L5-S1 levels, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right facet injection at the L4-L5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The ACOEM guidelines indicate that facet injections offer no significant long-term functional benefit or do they decrease the need for surgery. Additionally, the injured employee has received a previous facet cortisone injection in the attached medical record does not indicate any objective decrease in pain or increased functional improvement after this injection. For these reasons, this request for a facet injection at L4-L5 and L5-S1 is not medically necessary.