MAXIMUS Federal Services

Case Number:	CM15-0171440		
Date Assigned:	09/14/2015	Date of Injury:	01/07/2014
Decision Date:	10/14/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 injured worker is a 60 year old female, who sustained n industrial injury on 01-07-2014. The injured worker was diagnosed as having T11 compression fracture - subacute. On medical records dated 07-27-2015 and 07-09-2015, the subjective findings noted pain. Objective findings were noted as having no tenderness to palpation on midline thoracolumbar spine or paraspinous region. The injured worker was noted to be temporary totally disabled. The injured worker underwent thoracic spine x-ray on 06-17-2015 revealed anterior wedge of body of T1 with a Schmorl's node at T11-T12 and degenerative disc disease in the mid thoracic spine. Treatments to date included medication, post-operative physical therapy for right ankle and home exercise program. The current medication was noted as Calcium-Colecalciferol-D3, Celexa, Epinephrine, Motrin, Lutein, Omega 3, and Lyrica. The Utilization Review (UR) was dated 08-12-2015. The UR submitted for this medical review indicated that the request for Facet injection at T10-12 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injection at T10-12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back - FC injections.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

Decision rationale: In this case, there is no mention of obvious facet abnormalities on exam. Invasive procedures provide short term benefit. Exam findings do not indicate any abnormalities on thoracic palpation. The request for the facet injection is not justified and not medically necessary.