

Case Number:	CM15-0066262		
Date Assigned:	04/14/2015	Date of Injury:	04/09/1996
Decision Date:	05/20/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/07/2015

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: 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:

This 55 year old woman sustained an industrial injury on 4/9/1996. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI. Diagnoses include lumbar spine post-laminectomy syndrome, chronic regional pain syndrome, anxiety disorder, and neck pain. Treatment has included oral medications, physical therapy, and home exercise program. Physician notes dated 2/21/2015 show complaints of increasing pain levels to the lower back and bilateral knee pain. The worker received an injection for pain during this visit. Recommendations include Oxycodone, Opana ER, Provigil, soma, Cymbalta, topical medications, Xanax, Rozerem, lumbar spine facet injection, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet (medial branch) injection to the L2, L3: 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 (Lumbar & Thoracic) (Acute & Chronic).

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

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 indicated the worker was experiencing lower back pain and pain in both knees. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for facet (medial branch) injections at both sides of the L2 and L3 levels of the lower back region is not medically necessary.