

Case Number:	CM15-0096256		
Date Assigned:	05/26/2015	Date of Injury:	07/13/2012
Decision Date:	06/26/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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:

The injured worker is a 59 year old male, who sustained an industrial injury on 7/13/12. He reported back pain that radiated to bilateral lower extremities. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, lumbago, and myalgia and myositis. Treatment to date has included physical therapy, head application, epidural injections, TENS, and medications including Hydrocodone-Acetaminophen. A physician's report dated 4/14/15 noted back pain was rated as 5/10. The treating physician noted axial pain without evident symptoms of radiculopathy. Tenderness to palpation in the paravertebral area with a normal sensory examination was also noted. Currently, the injured worker complains of low back pain. The treating physician requested authorization for a right sided L3, L4, L5 and S1 facet joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided L3, L4, L5 and S1 facet joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Methods.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-Low back chapter and pg 36.

Decision rationale: According to the guideline, facet injections are not recommended due to lack of evidence to support their use. In addition, invasive procedures are not recommended due to their short term benefit .In this case, the claimant had undergone ESI, therapy and medications for back pain. Such modalities have superior evidence to manage pain vs. facet injections and as a result, the request above is not medically necessary.