

Case Number:	CM14-0143625		
Date Assigned:	09/12/2014	Date of Injury:	08/17/2010
Decision Date:	10/22/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year old male whose date of injury is 08/17/2010. Diagnoses are lumbar spinal stenosis with neurogenic claudication, spondylosis with lumbar myelopathy and lumbar radiculitis. Lumbar CT dated 06/26/14 revealed L4-5 midline posterior annular tear. Note dated 08/11/14 indicates that lumbar range of motion is normal. Sensation is intact in the lower extremities. EMG/NCV dated 09/12/14 revealed no evidence of ongoing lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN FACET INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: Based on the clinical information provided, the request for unknown facet injections is not recommended as medically necessary. The request is nonspecific and does not indicate the level/laterality to be performed. There is no comprehensive assessment of recent

treatment completed to date or the patient's response thereto submitted for review. The Official Disability Guidelines require documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.