

Case Number:	CM13-0041661		
Date Assigned:	12/20/2013	Date of Injury:	05/19/2012
Decision Date:	04/30/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/11/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 9, 2012. Final Determination Letter for IMR Case Number [REDACTED]. Thus far, the applicant has been treated with the following: Analgesic medications; electrodiagnostic testing of August 21, 2012, notable for bilateral L5 and S1 nerve root impingement, chronic; unspecified amounts of acupuncture; reportedly normal electrodiagnostic testing of July 10, 2013; and the apparent placement of permanent work restrictions. It does not appear that the applicant is working with said permanent limitations imposed. A March 14, 2013 progress note is notable for comments that the applicant is off of work, on total temporary disability. In a May 21, 2013 progress note, the applicant was again placed off of work, on total temporary disability, and a request for Naprosyn, Flexeril, Zofran, and Prilosec was made. MRI imaging of the lumbar spine, electrodiagnostic testing, and both facetogenic injections and epidural injections were endorsed. The applicant was described as reporting constant low back pain with associated paresthesias about the lower extremities. Finally, in an August 5, 2013 progress note, the applicant's pain physician noted that the applicant had persistent complaints of low back pain with associated lower extremity numbness. The applicant was described as disabled and not working. Quadriceps atrophy was noted, along with facetogenic tenderness. Diagnostic facet joint injections/medial branch blocks were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL FACET JOINT INJECTION AT L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary, (updated 5/10/2013), Facet Joint Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, facet joint injections, whether diagnostic or therapeutic, are "not recommended." In this case, furthermore, there is some lack of diagnostic clarity. The applicant is described as having persistent complaints of low back pain with associated lower extremity dysesthesias. The applicant has muscular atrophy about the legs and has a history of positive electrodiagnostic testing in 2012 demonstrating an L5-S1 radiculopathy, chronic. Thus, the bulk of the applicant's pain appears to be radicular as opposed to facetogenic in nature. Accordingly, the request is not certified due to the lack of support from the ACOEM Guidelines as well as the lack of diagnostic clarity.