

Case Number:	CM13-0051238		
Date Assigned:	12/27/2013	Date of Injury:	07/26/2013
Decision Date:	05/08/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; and unspecified amounts of physical therapy. In a utilization review report of November 4, 2013, the claims administrator denied a request for multilevel lumbar facet injections. The claims administrator stated that it was unclear how the diagnosis of facetogenic pain had been arrived upon. In a clinical progress note of October 23, 2013, the applicant presents with low back pain with some sensation of numbness about the left buttock. There is no numbness of the leg or foot. The applicant's overall level of pain is 7/10. 60% of the applicant's pain is in the low back while 40% of the applicant's pain is in the buttock and thigh, it is stated. The applicant only rarely experiences some mild pain down the left leg. The applicant has several comorbidities including hypothyroidism, asthma, and depression. Facet joint injections are sought. The attending provider writes that he believes the applicant's left thigh pain could be facetogenic in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET INJECTIONS AT LEFT L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 are deemed "not recommended." In this case, there is, furthermore, some lack of diagnostic clarity. The applicant reports some low back pain radiating to the left leg and left thigh. There are complaints of numbness about the thigh. Thus, the clinical information on file suggests the presence of radicular pain as opposed to facetogenic pain. Accordingly, the request for facet joint injections is not certified both owing to the unfavorable ACOEM recommendation and owing to the lack of diagnostic clarity present here.