

Case Number:	CM14-0012835		
Date Assigned:	02/24/2014	Date of Injury:	09/08/1984
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 September 8, 1984. The applicant has been treated with the following: Analgesic medications, earlier lumbar fusion surgery; opioid therapy; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; and earlier facet blocks. In a Utilization Review Report dated January 17, 2014, the claims administrator denied a request for facet blocks. The applicant's attorney subsequently appealed. In an progress noted dated February 10, 2014, the applicant was described as reporting persistent complaints of low back pain, reportedly unremitting. The applicant apparently had a recent cardiac catheterization. The applicant was apparently off of work but was attending school. The applicant's case and care were complicated by cardiomyopathy, hypertension, dyslipidemia, it was stated. The applicant's medication list included oxycodone, Zantac, Aldactone, Metformin, Coreg, and aspirin. The applicant was given a refill of Percocet. The applicant was described as obese with the body mass index (BMI) of 37 and was asked to obtain unspecified lumbar injections. On February 14, 2013, the applicant was incidentally described as having some residual tingling about the feet with associated numbness about the same appreciated on exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCKS L5-S1: Upheld

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

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

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS) adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections are considered "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity as the applicant also has pain associated with the indwelling fusion hardware and also has some low-grade radicular complaints with lower extremity numbness and paresthesias. Therefore, the request for facet blocks is not medically necessary both owing to the lack of diagnostic clarity as well as owing to the unfavorable ACOEM recommendation.