

Case Number:	CM14-0014144		
Date Assigned:	02/26/2014	Date of Injury:	07/12/2011
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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 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 industrial injury of July 12, 2011. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and adjuvant medications. In a Utilization Review Report dated January 24, 2014, the claims administrator denied a request for facet blocks. The applicant's attorney subsequently appealed. In a progress note dated January 17, 2014, the applicant is described as having persistent complaints of low back pain and right hip pain status post recent total hip arthroplasty in October 2013. The applicant had burning sensation about thighs, it was further noted. The applicant's medication list included Ambien, Vicodin, Prilosec, Colace, Celebrex, and Wellbutrin. Facetogenic tenderness was noted. However, the applicant was walking with a limp. Prescriptions for Norco and Neurontin were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET INJECTION L3-4, L4-5, 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 such as those proposed here are "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity. Some of the applicant's may represent pain associated with the recent total hip arthroplasty/hip arthritis. The applicant was also having burning pains about the thighs and an antalgic gait, suggestive of radicular or neuropathic symptomatology. The applicant's ongoing usage of Neurontin also suggests radicular symptomatology. Therefore, the request for facet joint injections is not medically necessary both owing to the considerable lack of diagnostic clarity here as well as owing to the unfavorable ACOEM recommendation.