

Case Number:	CM14-0161987		
Date Assigned:	10/07/2014	Date of Injury:	12/08/2003
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/02/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 8, 2003. Thus far, the injured worker has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier provocative discography; and subsequent lumbar spine surgery. In a Utilization Review Report dated September 9, 2014, the claims administrator denied a request for lumbar facet injection at L4-L5. The injured worker's attorney subsequently appealed. In a September 15, 2014 appeal letter, the attending provider acknowledged that the injured worker was status post earlier lumbar spine surgery. The injured worker had various flares in pain. The injured worker exhibited an antalgic gait. Limited lumbar range of motion was noted with some facetogenic tenderness and muscle spasm also appreciated. Lumbar MRI imaging of October 2008 was notable for multilevel disk bulges with mild-to-moderate neuroforaminal stenosis noted at the L3 level. The attending provider stated that the injured worker was having difficulty negotiating stairs. The attending provider stated that injured worker's severe radicular complaint had been somewhat elevated as a result of the earlier lumbar spine surgery. Facet joint injections were therefore sought. In a September 4, 2014 progress note, it was suggested that the injured worker was working full time as a vice president at [REDACTED] following earlier lumbar hemilaminectomy-discectomy in 2009. Facet injections under fluoroscopic guidance and IV sedation were sought. The injured worker once again exhibited an antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral lumbar facet joint injection at L4-L5 and L5-S1 under fluoroscopic guidance and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, as are being sought here are considered not medically necessary. While the attending provider noted in his appeal letter that the facet injections in question were being sought for diagnostic purposes, the IV sedation would likely obviate any diagnostic benefit of the proposed facet blocks. It is further noted that there is considerable lack of diagnostic clarity, as the injured worker's history of earlier lumbar laminectomy surgery for radicular pain does argue against the facetogenic pain for which facet injections could be considered, as does the injured worker's ongoing reports of muscles spasm. The request, thus, is not indicated owing to the unfavorable ACOEM position on the article at issue, the considerable lack of diagnostic clarity, and the attending provider's failure to furnish any compelling rationale for usage of IV sedation here. Therefore, the request is not medically necessary.