MAXIMUS Federal Services

Case Number:	CM14-0087401		
Date Assigned:	07/23/2014	Date of Injury:	02/09/2006
Decision Date:	09/24/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/10/2014

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 February 9, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar laminectomy; subsequent lumbar fusion; subsequent hardware removal; and unspecified amounts of physical therapy over the life of the claim.In a Utilization Review Report dated May 27, 2014, the claims administrator denied a request for lumbar facet blocks on the grounds that it had reportedly completed teleconference with the attending provider who had reportedly agreed to withdraw the request. The applicant's attorney nevertheless appealed. On January 14, 2014, the applicant was reportedly doing well following a lumbar fusion surgery. The applicant was using Neurontin, Tylenol, and an unspecified muscle relaxant. The applicant was apparently no longer working, at age 58, it was suggested, and had taken retirement. On April 15, 2014, the applicant reported persistent complaints of low back pain with stiffness and occasional tingling. The applicant was using Carisoprodol, Neurontin, Lipitor, Motrin, and Losartan. The applicant's BMI was 33. The applicant was described as moving well in terms of both flexion and extension with minimal facetogenic tenderness. 5/5 bilateral lower extremity strength was noted. A CT scan of the lumbar spine, MRI imaging of lumbar spine, and CT-guided lumbar facet blocks were endorsed, along with a lumbar brace. In a later progress note dated June 5, 2013, the attending provider stated that the applicant had evidence of an area of non-fusion/delayed fusion at the L2-L3 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT guided bilateral lumbar facet block L4-L5, L4-S1X1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, page 309, the facet joint injections at issue are a treatment modality deemed "not recommended." In this case, furthermore, there is considerable lack of diagnostic clarity, as the applicant's complaints of numbness about the foot do suggest some residual radicular complaints. The applicant has also had CT scanning of the lumbar spine which apparently established an area of delayed fusion/incomplete fusion consolidation. Therefore, the request is not indicated both owing to the considerable lack of diagnostic clarity here as well as owing to the unfavorable ACOEM position on the procedure in question. Therefore, this request is not medically necessary.