

Case Number:	CM14-0136289		
Date Assigned:	09/03/2014	Date of Injury:	07/09/2013
Decision Date:	04/21/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 9, 2013. In a Utilization Review Report dated July 29, 2014, the claims administrator failed to approve request for multilevel facet blocks. The applicant's attorney subsequently appealed. The facet injections at issue were endorsed via an RFA form dated June 23, 2014. In an associated progress note dated June 11, 2014, the applicant reported persistent complaints of low back pain radiating to the legs. Ancillary complaints of neck, shoulder, and knee pain were also evident. The applicant had lumbar MRI imaging demonstrating 3 mm disk herniation with associated nerve root impingement at the L5-S1 level, it was acknowledged. Diagnostic lumbar facet blocks were nevertheless endorsed. The applicant's work status was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Differential Facet Blocks Bilateral L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309; 301.

Decision rationale: No, the request for differential diagnostic facet blocks at L4-L5 and L5-S1 was not medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309, facet joints injections are deemed not recommended. While ACOEM Chapter 12, Page 301 does qualify the unfavorable position by noting that dorsal ramus diagnostic medial branch blocks can be employed as precursor to pursuit of subsequent facet neurotomy procedures in applicants in whom discogenic or facetogenic low back pain is suspected, in this case, however, the applicant's primary pain generator, per the June 11, 2014, progress note at issue, was, in fact, a lumbar radiculopathy, radiographically confirmed. The attending provider referenced a lumbar MRI demonstrating generating associated nerve root impingement, which the attending provider acknowledged did account for the applicants ongoing lower extremity pain complaints. The request, thus, was not indicated both owing to the (a) unfavorable ACOEM position on article at issue and (b) the considerable lack of diagnostic clarity present here. Therefore, the request was not medically necessary.