

Case Number:	CM14-0194591		
Date Assigned:	12/02/2014	Date of Injury:	11/07/2013
Decision Date:	01/20/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/20/2014

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 November 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and work restrictions. In a Utilization Review Report dated October 24, 2014, the claims administrator failed to approve request for lumbar facet blocks. In its UR report, the claims administrator alluded to the applicant's having had other conservative treatments including time, medications, physical therapy, and TENS unit. The claims administrator suggested that the applicant obtain previously approved lumbar flexion-extension x-rays before facet blocks be considered, stating that the presence of instability on x-rays of lumbar spine would obviate the need for the proposed facet blocks. The claims administrator also alluded to a lumbar MRI of March 7, 2014 demonstrating bone spurring and disk protrusion at L5-S1 compressing the right S1 and bilateral L5 nerve roots. The claims administrator stated that its decision was based on an office visit of October 14, 2014. The applicant's attorney subsequently appealed. In an October 21, 2014 progress note, the applicant reported persistent complaints of low back pain. The exhibited decreased range of motion with tenderness appreciated about the L4-L5-S1 space. Some tenderness was also noted about the SI joints. The applicant was described as having a "major disk problem" at L5-S1. The applicant had a pending CT scan of the lumbar spine. It was stated that the applicant was considering a lumbar fusion surgery. Relafen and Flexeril were renewed. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not stated whether or not the applicant was working with said limitation in place, although this did not appear to be the case. In an RFA form dated October 20, 2014, authorization was sought for a stat epidural steroid injection at L5-S1.

Authorization was concurrently sought for bilateral L5-S1 facet blocks and flexion-extension views of the lumbar spine. Twelve sessions of physical therapy were sought on October 3, 2014. In a progress note dated October 14, 2014, the applicant reported persistent complaints of low back pain. Twelve previous sessions of physical therapy had generated only marginal relief. The applicant reported occasional sciatic symptoms. The applicant did have superimposed issues with depression and was status post left and right total knee replacements. The applicant was on Flexeril and Norco for pain relief. Tenderness was noted about the facet joints. Lumbar facet blocks and Norco were sought. It was stated that the applicant should follow up in three months to discuss surgery. Flexion and extension views of the lumbar spine and a CT scan of the lumbar spine were also sought. The applicant was also asked to obtain a previously ordered epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Facet Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, facet joint injections, the article at issue, are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity here. The applicant has been given various diagnoses which are seemingly at odds with each other, including lumbar radiculopathy, instability of the lumbar spine, etc. The applicant was asked to undergo concomitant epidural steroid injection therapy, implying that the attending provider does now believe that the applicant's primary pain generator is facetogenic in nature. Similarly, the attending provider suggested that the applicant obtain CT imaging and/or flexion-extension views of the lumbar spine, again suggesting that the attending provider believed that the applicant had underlying instability as the source of his lumbar symptomatology. The proposed facet joint injections, thus, are not indicated here both owing to considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.