

Case Number:	CM14-0201530		
Date Assigned:	12/11/2014	Date of Injury:	04/09/2010
Decision Date:	01/30/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/01/2014

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 April 9, 2010. In a Utilization Review Report dated October 28, 2014, the claims administrator denied a left L3-L4 epidural steroid injection. The claims administrator referenced progress notes of September 11, 2014 and August 27, 2014 in its denial. The applicant had a history of apparently nonoperatively treated wrist fracture and a history of lumbar radicular complaints status post earlier lumbar epidural steroid injection, the claims administrator contended. The applicant's attorney subsequently appealed. In a procedure note dated April 2, 2014, the applicant received a left L4-L5 lumbar epidural injection with associated epidurogram. In a December 4, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was status post epidural steroid injection therapy, it was stated. Unspecified medications were reviewed. The applicant did exhibit a positive straight leg raising. Facetogenic tenderness was noted. The applicant was placed off of work, on total temporary disability. Large portions of the progress note were handwritten and extremely difficult to follow. On October 30, 2014, the attending provider stated that he would continue to request epidural steroid injection therapy while keeping the applicant off of work. Persistent complaints of low back pain, moderate-to-severe, radiating to the bilateral legs, was noted. In an earlier note dated September 11, 2014, the applicant was again placed off of work, on total temporary disability. The applicant was given primary diagnoses of lumbar radiculopathy and wrist internal derangement. Unspecified medications, both oral and topical, were renewed. The facet block in question was endorsed via an August 27, 2014 progress note, handwritten, in which the attending provider contended that the applicant had issues with lumbar radiculopathy, lumbar disk displacement, and lumbar facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4 facet joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter, facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, 309.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, as are being sought here, are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity present here. The applicant is consistently described by multiple providers in multiple specialties on multiple occasions referenced above, as exhibiting ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant has been given primary diagnosis of lumbar radiculopathy on multiple office visits in 2014, referenced above. The applicant is status post an earlier epidural steroid injection, presumably for radicular pain. The request, thus, is not indicated both owing to the 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.