

Case Number:	CM14-0214883		
Date Assigned:	01/07/2015	Date of Injury:	05/26/2006
Decision Date:	03/03/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/22/2014

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, Ohio, 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 █████ insured who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 26, 2013. In a Utilization Review Report dated November 18, 2014, the claims administrator failed to approve multilevel lumbar facet injections. The claims administrator referenced a progress note dated October 20, 2014 in its rationale, at which point it was suggested that the applicant had persistent right-sided radicular complaints. The claims administrator also referenced a lumbar MRI of November 10, 2014 which suggested that the applicant had undergone earlier lumbar fusion surgery. The applicant's attorney subsequently appealed. On August 20, 2014, the applicant was placed off of work, on total temporary disability. It was stated that the applicant was off of work, from his former occupation as a police officer but was working elsewhere, as a school teacher. The applicant was receiving manipulative therapy and physical therapy, it was acknowledged. The applicant was severely obese, with the BMI of 40. The applicant did exhibit persistent complaints of low back pain radiating into the right leg with positive straight leg raising appreciated on exam. On October 20, 2014, the applicant was returned to regular duty work. Multilevel lumbar facet injections were sought. The applicant, once again, reported persistent complaints of low back pain radiating into the right thigh, albeit somewhat diminished, 5/10. One of the stated diagnoses was, in fact, lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet joint injection at L3-L4, L4-L5 and L5-S1, right side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter Updated, Criteria for the use of diagnostic blocks for facet "mediated" pain

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, in fact, considerable lack of diagnostic clarity present here. The applicant's ongoing complaints of low back pain radiating into the right leg suggest the presence of an active radicular process, implying that lumbar radiculopathy, not facet arthropathy, is the primary pain generator here. The request, thus, is not indicated both owing to (a) the unfavorable ACOEM position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.