

Case Number:	CM15-0133233		
Date Assigned:	07/21/2015	Date of Injury:	04/14/2014
Decision Date:	09/02/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/09/2015

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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 14, 2014. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve a request for a facet injection under fluoroscopy. The claims administrator referenced a June 11, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 11, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. Intermittent lower extremity paresthesias were noted. 7/10 pain complaints were reported. Walking and sitting remained problematic. The applicant was on Mobic, Norvasc, and hydrochlorothiazide, it was reported. The applicant was asked to continue working. Facet injections under fluoroscopic guidance were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 facet injection with fluoroscopy: 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, Criteria for use of the diagnostic Blocks for facet "mediated" pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 346 Table 2: Summary of Recommendations by Low Back Disorder (continued) Radicular Pain Syndromes (including “sciatica”) Not Recommended Therapeutic facet joint injections (I).

Decision rationale: No, the request for lumbar facet injections was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, i.e., the article at issue, are deemed "not recommended." The Third Edition ACOEM Guidelines Low Back Chapter also notes that therapeutic facet joint injections, i.e., the article at issue here, are deemed "not recommended" for applicants who carry a diagnosis of radicular pain syndrome. Here, the applicant did present on June 11, 2015 reporting complaints of low back pain radiating to the bilateral lower extremities evocative of an active lumbar radiculopathy-type process. The applicant was pending lumbar MRI imaging to further evaluate the same. The request, thus, was not indicated both owing to (a) the unfavorable ACOEM position(s) on the article at issue and (b) the superimposed radicular symptoms present here. Therefore, the request was not medically necessary.