

Case Number:	CM15-0136952		
Date Assigned:	07/24/2015	Date of Injury:	08/14/2012
Decision Date:	08/27/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/15/2015

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 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 14, 2012. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve a request for multilevel diagnostic facet blocks. The claims administrator referenced a progress note and associated RFA form of June 1, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 1, 2015 progress note, the applicant reported ongoing complaints of low back pain, 7 to 8/10 without medications versus 4/10 with medications. The applicant did report some radiation of low back pain to the left thigh. Ancillary complaints of neck pain radiating to the bilateral shoulders were also reported. The applicant had developed issues with dyspepsia associated with ibuprofen usage, it was reported. Duexis was endorsed at the bottom of the report. A trial of regular duty work, and multilevel lumbar facet blocks were sought. The applicant stated diagnosis that of chronic low back pain. In an earlier note dated June 1, 2015, the applicant reported 4 to 6/10 low back pain complaints. One section of the note stated that the applicant's pain complaints were non-radiating, while another section of note stated that the applicant had "intermittent radiculopathy to left buttock and left thigh." An epidural steroid injection was sought at the bottom of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic facet blocks at L4-5 and L5-S1 (lower backside not specified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Section: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 604 2.

Decision rationale: No, the request for multilevel diagnostic facet blocks at L4-L5 and L5-S1 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 here, are deemed "not recommended." The attending provider failed to furnish a clear or compelling rationale for pursuit of facet joint injections in the face of the unfavorable position on the same in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309. A more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guideline Low Back Chapter also notes that diagnostic facet injections, i.e., the article at issue here, are deemed "not recommended" for applicants who carry a diagnosis of radicular pain syndrome. Here, progress notes of June 1, 2015 and June 5, 2015 both stated that the applicant had ongoing complaints of low back pain radiating to the left thigh. Lumbar radiculitis was listed as one of the operating diagnosis on June 5, 2015. The applicant was in the process of pursuing an epidural steroid injection, it was reported on that date. The diagnostic facet blocks in question were not indicated in the radicular pain context present here, per the Third Edition ACOEM Guidelines. Therefore, the request was not medically necessary.