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| Case Number: | CM15-0160667 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 11/12/2013 |
| Decision Date: | 09/29/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 12, 2013. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for a lumbar facet injection. The claims administrator referenced an RFA form and associated progress note of July 13, 2015 in its determination. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. In a July 8, 2015 progress note, the applicant reported ongoing complaints of low back pain with some radiation of pain to the left leg. The applicant reportedly had tenderness about the SI joint and had x-rays demonstrating facet arthropathy. Acupuncture and a facet injection were endorsed while the applicant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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 Diagnostic facet joint injections (I) Therapeutic facet joint injections (I).

Decision rationale: No, the request for a facet injection to the lumbar spine is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, facet injections, i.e., the article at issue, are deemed "not recommended." Here, the attending provider failed to furnish a clear or compelling request for pursuit of facet injection joint injection therapy in the face of the unfavorable ACOEM position on the same. The Third Edition ACOEM Guidelines Low Back Chapter likewise notes that both diagnostic and therapeutic facet injections, the latter of which was seemingly sought here, are deemed "not recommended" for applicants who carry a diagnosis of radicular pain syndrome or sciatica. Here, the applicant presented on July 8, 2015 reporting complaints of low back pain radiating into the left leg, seemingly evocative or suggestive of sciatica. Facet injection therapy was not, thus, indicated in the radicular pain context present here, per ACOEM. Therefore, the request is not medically necessary.