

Case Number:	CM15-0201286		
Date Assigned:	10/16/2015	Date of Injury:	01/30/2013
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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 39-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of January 30, 2013. In a Utilization Review report dated September 21, 2015, the claims administrator partially approved a request for a three-level facet injection under fluoroscopy to a two-level facet injection under fluoroscopy. The claims administrator referenced September 14, 2015 RFA form and an associated August 25, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 23, 2015, the applicant reported ongoing complaints of low back pain radiating to the left lower extremity, 8 to 9/10. The applicant was off of work, on total temporary disability, the treating provider reported. One of stated diagnosis was that of lumbar radiculopathy. The applicant's medications included prednisone, diclofenac, Norco, Soma, and Elavil, it was reported. Lumbar MRI imaging was sought to evaluate the applicant's alleged radicular pain complaints. On August 26, 2015, it was again acknowledged the applicant remained off of work, on total temporary disability, owing to 8 to 9/10 pain complaints. Norco and Soma were endorsed. Facet injections were sought. Lumbar radiculopathy was again listed as one of the operating diagnoses. The applicant was having worsening burning pain complaints about the lower extremities. The applicant was described as using Elavil and prednisone on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint injections L3-4 L4-5, L5-S1 under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. 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 three-level facet injection at L3-L4, 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 in the evaluation and management of the applicant's low back pain complaints as were/are present here. The attending provider, furthermore, failed to clearly state why facet injections were sought when the applicant's primary operating diagnosis appeared to be lumbar radiculopathy. The applicant was consistently described on office visit of August and September 10, 2015 as having ongoing complaints of low back pain radiating to the lower extremities, i.e., suggestive or evocative of lumbar radiculopathy. The Third Edition ACOEM Guidelines Low Back Disorders Chapter notes that facet joint injections, either diagnostic or therapeutic, are not recommended in the treatment of any radicular pain syndrome, as was seemingly present here. Therefore, the request was not medically necessary.