

Case Number:	CM15-0208795		
Date Assigned:	10/27/2015	Date of Injury:	01/03/1990
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 3, 1990. In a Utilization Review report dated October 14, 2015, the claims administrator failed to approve a request for lumbar facet injections. The claims administrator referenced an August 20, 2015 office visit in its determination. On October 1, 2015 letter, the attending provider suggested the applicant could consider an implantation of the morphine pump. The applicant was status post earlier lumbar spine surgery, it was reported. The treating provider stated the CT imaging had confirmed excellent fusion of the respective segments. On an associated handwritten prescription form dated October 5, 2015, facet injections were sought. Little-to-no narrative commentary or narrative rationale accompanied the request for steroid injections. CT imaging of the lumbar spine dated September 15, 2015 was notable for commentary for the fact the applicant had undergone three prior lumbar spine surgeries and demonstrated an anatomic alignment status post lumbar fusion at L4-S1. No significant spinal stenosis were noted. On August 20, 2015, the applicant was described as using a cane. The applicant had history of back pain radiating to the left leg, the treating provider reported. 4 to 4+ to 5/5 lower extremity motor function was noted in various muscle groups with hyposensorium appreciated about the left foot. The attending provider suggested the applicant would remain off of work, as the applicant's employer was unable to accommodate previously suggested limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injections at L2-3 x3: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint injections, multiple series.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, page 607-608.

Decision rationale: No, the request for three sets of 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 injections, i.e., the article at issue, are deemed "not recommended." The Third Edition ACOEM's Low Back Disorders Chapter likewise notes that therapeutic facet injections are not recommended in the treatment of any radicular pain syndrome. Here, the applicant was described as status post multiple prior lumbar spine surgeries. The applicant had ongoing complaints of low back pain radiating to the left leg on August 20, 2015 with hyposensorium appreciated about the same on said August 20, 2015 office visit. It appeared, thus, the applicant did in fact have active radicular pain complaints present on or around the date in question, arguing against the need for the facet injections in question. The attending provider's decision to pursue three consecutive facet joint injections without any proviso to reevaluate the applicant between each injection so as to ensure a favorable response to the same before moving forward with further blocks was, moreover, at odds with both page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment, and with the Third Edition ACOEM Guidelines Low Back Disorders Chapter, which likewise notes that repeat use of therapeutic facet joint injections is "moderately not recommended" for applicants who have failed to achieve lasting functional improvement with a previous injection. Therefore, the request is not medically necessary.