

Case Number:	CM15-0025286		
Date Assigned:	02/18/2015	Date of Injury:	10/10/2003
Decision Date:	03/31/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/10/2015

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, Ohio, 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 48-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with industrial injury of October 10, 2003. In a Utilization Review Report dated January 24, 2015, the claims administrator failed to approve a request for multilevel lumbar facet blocks. The claims administrator referenced an RFA form of January 14, 2015 and a progress note of December 16, 2014, in its determination. The applicant's attorney subsequently appealed. On December 16, 2014, the applicant reported persistent complaints of neck and low back pain, 6 to 9/10. Low back pain was radiating to the bilateral lower extremities, it was noted. Positive straight leg raising and hypo-sensorium were noted about the legs. The applicant was given refills of Norco and Flexeril. A lumbar support, a TENS unit and facet injections were endorsed, while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block injection at L2-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: No, the proposed facet block injections at L2-S1 were 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 such as were proposed here, are deemed "not recommended." Here, it is further noted that there was a considerable lack of diagnostic clarity present here. The applicant continued to report ongoing complaints of low back pain radiating to the bilateral lower extremities, suggesting that the applicant's primary pain generator was, in fact, lumbar radiculitis/lumbar radiculopathy, as opposed to facetogenic low back pain, for which the proposed facet joint injection could be considered. Therefore, the request was not medically necessary.