

<b>Case Number:</b>	CM15-0027135		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	02/13/2005
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 46-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 13, 2005. In a Utilization Review Report dated January 28, 2015, the claims administrator denied requests for multilevel lumbar facet injections. An RFA form received on January 21, 2015 and an associated progress note of January 20, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On February 18, 2015, the applicant reported persistent complaints of low back pain radiating to the bilateral legs. The attending provider suggested that he was appealing previously denied medial branch blocks. The applicant had undergone earlier lumbar laminectomy surgery, it was noted. The applicant's medication list included Norco, Xanax, Flexeril, Nexium, Lyrica, and BuTrans patches. The attending provider reiterated the request for the medial branch blocks at issue. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Lumbar Facet Joint Injections Bilateral L2/3 and L5/S1: 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 (updated 1/14/15), Criteria of the Use of Diagnostic Blocks for Facet Mediated Pain.

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

**Decision rationale:** No, the outpatient lumbar facet injections at L2-L3 and L5-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, the article at issue, are deemed “not recommended.” Here, it is noted that there was/is, in fact, a considerable lack of diagnostic clarity present here as the bulk of the information on file suggested that the applicant's primary pain generator was/is, in fact, residual lumbar radiculopathy following earlier failed lumbar laminectomy surgery. The applicant continues to report ongoing complaints of low back pain radiating to the bilateral legs. The applicant continues to employ Lyrica, an anticonvulsant adjuvant medication, for presumed radicular pain complaints. The request, thus, is not indicated both owing to (a) unfavorable ACOEM position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Therefore, the request was not medically necessary.