

Case Number:	CM15-0213343		
Date Assigned:	11/03/2015	Date of Injury:	02/05/2014
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/29/2015

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 37-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 5, 2014. In a Utilization Review report dated October 13, 2015, the claims administrator failed to approve a request for a multilevel lumbar facet injection. The claims administrator referenced a September 29, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 29, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, 8/10. Radiation of pain to left and right legs were both reported. The applicant's medications included Neurontin, Tramadol, Flexeril, Motrin, and Robaxin, the treating provider reported. The applicant was given various diagnoses, two of which included lumbar radiculitis and chronic low back pain. Neurontin, Tramadol, and the multilevel lumbar facet injection were sought. The applicant had received an earlier lumbar epidural steroid injection without relief, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet injection, Qty 2, at 2 levels, L4-L5 and L5-S1 (sacroiliac): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Acute & Chronic) - Facet Joint Pain, Signs & Symptoms.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Summary.

Decision rationale: No, the request for a 2-level lumbar facet injection at 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 injections are deemed "not recommended" in the evaluation and management of applicants with low back pain complaints, as were/are present here. The attending provider failed to furnish a clear or compelling rationale for pursuit of facet joint injection therapy in the face of the (a) unfavorable ACOEM position on the same and (b) in the face of the applicant is having active lumbar radicular pain complaints on the September 29, 2015 date of service. The applicant reported complaints of low back pain radiating into the bilateral lower extremities, had received a prior epidural steroid injection, presumably for active radicular pain complaints, and was using Neurontin, again presumably for the primary stated diagnosis of lumbar radiculitis. Therefore, the request was not medically necessary.