

Case Number:	CM15-0031544		
Date Assigned:	02/24/2015	Date of Injury:	04/23/2012
Decision Date:	04/08/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/19/2015

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] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 23, 2012. In a Utilization Review Report dated February 13, 2015, the claims administrator denied multilevel lumbar facet blocks. The claims administrator referenced an RFA form received on February 6, 2015 in its determination. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant reported ongoing complaints of low back pain. It was stated that the applicant had had facet injections some eight months prior. Highly variable 6-9/10 pain complaints were reported. The applicant was using Norco, Relafen, and Robaxin. Tenderness about the lumbar facet joints was appreciated. Facet joint injections were endorsed, along with unspecified medications and work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 facet joint injection with fluoroscopic guidance x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, diagnostic facet joint injections.

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

Decision rationale: No, the request for a left L4-L5 lumbar facet injection was not medically necessary, medically appropriate, or indicated here. As noted on 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 the applicant has had previous facet blocks, despite the unfavorable ACOEM position on the same. The applicant has, furthermore, failed to demonstrate lasting benefit with or functional improvement achieved as result of the same. Work restrictions remain in place. The applicant remains dependent on medications, including Norco. The attending provider did not clearly state whether the applicant was or was not working with said limitations in place. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier facet injections at various points over the course of the claim. Therefore, the request was not medically necessary.

Left L5-S1 facet joint injection with fluoroscopic guidance x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines, diagnostic facet joint injections.

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

Decision rationale: Similarly, the request for a left L5-S1 lumbar facet injection was likewise 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 are deemed "not recommended". Here, the applicant has received previous lumbar facet injections, despite the unfavorable ACOEM position on the same. The applicant has, however, failed to demonstrate a favorable response to the same. Work restrictions remained in place, seemingly unchanged from visit to visit. It was not clearly stated whether the applicant was or was not working with said limitations in place. The applicant likewise remained dependent on various and sundry medications, including Norco, the attending provider acknowledged in his January 2015 progress note, referenced above. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier lumbar facet injections. Therefore, the request for repeat facet injections was not medically necessary.