

Case Number:	CM15-0034854		
Date Assigned:	03/03/2015	Date of Injury:	12/18/2013
Decision Date:	04/17/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/24/2015

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 31-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 18, 2013. In a utilization review report dated January 28, 2015, the claims administrator conditionally approved/partially approved a request for a facet joint injection under ultrasound guidance as a facet joint injection alone. The claims administrator referenced a December 10, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a January 16, 2015 RFA form, the attending provider sought authorization for facet injections and urine drug testing. The applicant was given a primary stated diagnosis of lumbar radiculopathy on said RFA form, it was incidentally noted. In a separate RFA form dated January 19, 2015, Norco, Neurontin, and facet joint injections were proposed. No clinical progress notes were attached to the RFA forms of January 16, 2015 and January 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar Facet Injection under Ultrasound Guidance at L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter; Facet Joint Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: 1. No, the request for a lumbar facet injection 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 joint injections, the article at issue, are deemed "not recommended." Here, the limited information on file suggests, moreover, the applicant's primary pain generator was in fact lumbar radiculopathy as opposed to facetogenic or discogenic low back pain for which the facet joint injection at issue could have been considered. The applicant was described as having ongoing complaints of low back pain radiating into the legs. The applicant was given a primary stated diagnosis of lumbar radiculopathy in the RFA form in question. The applicant was also given Neurontin via a January 2015 RFA form, presumably for radicular pain. Thus, the request was not indicated both owing to; (a) the unfavorable ACOEM position on the article at issue and; (b) the fact that the applicant's primary pain generator is lumbar radiculopathy as opposed to facetogenic or discogenic low back pain. Therefore, the request was not medically necessary.