

Case Number:	CM15-0077078		
Date Assigned:	04/28/2015	Date of Injury:	10/23/2014
Decision Date:	08/13/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/22/2015

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 represent [REDACTED] beneficiary who has filed a claim for chronic low back pain reported associated with an industrial injury of 10/23/2014. In a Utilization Review report dated 3/20/15, the claims administrator failed to approve request for facet blocks. In a May 22, 2015 progress note, the applicant was described as having ongoing complaints of low back pain, right lower extremity pain, possible right L4-L5 nerve root irritation and SI joint spasm. The applicant is asked to employ Naprosyn and gabapentin for pain relief. A diagnostic epidural steroid injection was proposed at this point in time. The applicant also received a functional capacity evaluation, it was reported. On March 25, 2015, it was suggested that the applicant was working with restrictions in place. It was suggested that the applicant might have some nerve root irritation present at this point in time. The applicant was using Neurontin and Norco at this point. Work restrictions were renewed. Facet joint blocks were sought. The applicant was described as having slightly weaker right lower extremity strength as compared to the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral lumbar intra-articular facet injections under fluoroscopic guidance:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet Blocks. Decision based on Non-MTUS Citation Official Disability Guidelines Facet Blocks.

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

Decision rationale: No, the request for outpatient bilateral lumbar intraarticular facet blocks under facet guidance 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" in the evaluation and management of the applicant's low back complaints, as were/are present here. It is further noted that the applicant's presentation was not, in fact, evocative or suggestive of bona fide facetogenic low back pain. Rather, the attending provider's continued commentary to the effect that the applicant had right lower extremity pain complaints, the attending provider's commentary on May 22, 2015 that the applicant should pursue an epidural steroid injection, and the applicant's ongoing usage of gabapentin, taken together, suggested that the applicant's primary pain generator was, in fact, lumbar radiculopathy/lumbar radiculitis as opposed to facetogenic low back pain for which the facet joint injections (FJI) could be considered. Therefore, the request was not medically necessary.