

Case Number:	CM14-0133744		
Date Assigned:	09/08/2014	Date of Injury:	06/01/2004
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 1, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and earlier lumbar laminectomy-discectomy surgery. In a Utilization Review Report dated August 7, 2014, the claims administrator denied a request for a lumbar facet injection. The applicant's attorney subsequently appealed. In a June 24, 2014 progress note, the applicant reported persistent complaints of low back pain, radiating into the bilateral legs. The applicant had apparently chosen to eschew opioids such as Percocet as she was concerned about possible addiction. The applicant appeared sad and tearful. A slow and stiff gait was appreciated with positive straight leg raising. The applicant was off of work, it was suggested. Tramadol was endorsed. An L5-S1 facet joint injection was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint Injection at Bilateral 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

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, as are being sought here, are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity. The applicant appears to have persistent complaints of radicular leg pain following an earlier discectomy-laminectomy surgery. It did not appear that the applicant has bona fide facetogenic pain for which facet joint injections could be considered. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity here as well as the unfavorable ACOEM position on the article at issue. Accordingly, the request is not medically necessary, medically appropriate, or indicated here.