

Case Number:	CM14-0160269		
Date Assigned:	10/06/2014	Date of Injury:	05/12/1994
Decision Date:	11/07/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/30/2014

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 May 12, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; sleep aids; unspecified amounts of physical therapy; and earlier lumbar laminectomy surgery. In a Utilization Review Report dated September 2, 2014, the claims administrator denied a request for facet injections while approving vitamin D, omeprazole, and tramadol. The applicant's attorney subsequently appealed. In an August 19, 2014 progress note, the applicant reported persistent complaints of low back pain radiating down to the bilateral lower extremities, 5/10 with medications versus 8/10 without medications. The applicant reported dyspepsia with medications but nevertheless maintained that the medications were effective. The applicant was status post regional occipital nerve block, it was noted. The applicant was given various diagnoses, including lumbar disk degeneration, chronic pain syndrome, lumbar radiculitis, lumbar facet arthropathy, and postlaminectomy syndrome. The applicant was not working, it was acknowledged. Facet injections were sought at the L3-L4 level while multiple medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral L3-L4 facet joint injection: 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 (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

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 considered "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity; the attending provider alternately posited that the applicant's symptoms are radicular in nature, the function of degenerative disk disease, and/or the function of facet arthropathy. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the request at issue. Therefore, the request is not medically necessary.