

Case Number:	CM15-0028126		
Date Assigned:	02/20/2015	Date of Injury:	09/26/2013
Decision Date:	07/16/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 26, 2013. In a Utilization Review report dated January 15, 2015, the claims administrator failed to approve a request for lumbar facet blocks. The claims administrator referenced a January 14, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On January 9, 2015, the applicant reported ongoing complaints of low back pain. 5 to 10/10. The applicant reportedly ceased smoking some three weeks prior. The applicant was on Norco, Senna, Terocin, fenoprofen, lidocaine patches, it was reported. Limited lumbar range of motion was noted with positive straight leg raising. The applicant did exhibit a normal gait. Multiple medications were renewed. Facet joint injections/medial branch blocks were sought at the L3-L4, L4-L5, and L5-S1 levels. The applicant's neurologic review of systems was positive for tingling, it was reported. Permanent work restrictions were renewed. The treating provider suggested that the applicant's employer was unable to accommodate said limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Joint Injection L3-S1 Right Sided: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: No, the request for multilevel lumbar facet injections was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, the article at issue, are deemed "not recommended." Here, it was further noted that there was a considerable lack of diagnostic clarity. The applicant reported on the date in question that he had ongoing complaints of low back pain with associated lower extremity tingling. The applicant did exhibit positive straight leg raising on the January 9, 2015 office visit on which the facet injections were proposed. The request, thus, was not indicated both owing to (a) unfavorable ACOEM position in article at issue and (b) the presence of superimposed radicular pain complaints. Therefore, the request was not medically necessary.