

Case Number:	CM16-0219557		
Date Assigned:	11/18/2016	Date of Injury:	10/10/2016
Decision Date:	12/19/2016	UR Denial Date:	11/09/2016
Priority:	Standard	Application Received:	11/14/2016

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 34-year-old male who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 10, 2015. In a utilization review report dated November 15, 2016, the claims administrator failed to approve a request for multilevel lumbar facet injections. The claims administrator referenced a November 8, 2016 date of service in its determination. The applicant subsequently appealed. On October 28, 2016, the applicant reported ongoing issues with chronic low back pain. The applicant's medication list included Flexeril, Norco, Motrin, and Skelaxin, several of which were renewed and/or continued while the applicant was placed off of work until the next visit. The applicant was apparently intent on pursuing an epidural steroid injection, the attending provider acknowledged. On a prior note dated October 27, 2016, the applicant's pain management physician also suggested pursuit of a lumbar epidural steroid injection, stating that the applicant in fact had a radiographically confirmed radiculopathy. On a work status report dated October 14, 2016, the applicant was placed off of work, on total temporary disability. On an associated office visit of the same date, October 14, 2016, the attending provider gave the applicant a diagnosis of "lumbar pain with radiculopathy." On a handwritten progress note dated November 8, 2016, the applicant reported ongoing issues with low back pain radiating to the bilateral lower extremities. The note was very difficult to follow, handwritten, and not altogether legible. The applicant was reportedly on Flexeril and Advil. Both epidural and facet injections were proposed while the patient was seemingly kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet joint injections L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2016, Section(s): Facet blocks. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 607.

Decision rationale: No, the request for multilevel lumbar facet injections was not medically necessary, medically appropriate, or indicated here. As noted on page 82 of the MTUS Chronic Pain Medical Treatment Guidelines (July 28, 2016), no more than one set of therapeutic intraarticular lumbar facet blocks is recommended when facet joint pain is suspected. Here, however, the attending provider's handwritten November 8, 2016 office visit made no mention on whether the applicant had or had not received prior lumbar facet injections over the course of the claim. The applicant's superimposed radicular symptoms and the fact that the attending provider sought concomitant authorization for lumbar epidural steroid injection therapy, moreover, undermined any theory of facetogenic pain here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that facet joint injections are "not recommended" in the low back pain context present here, and while the Third Edition ACOEM Guidelines Low Back Disorders Chapter notes on page 607 that therapeutic facet joint injections are "not recommended" in the treatment of "any radicular pain syndrome," here, however, the applicant was, as noted previously, described as having ongoing, long-standing lumbar radicular symptoms and, in fact, carried a primary operating diagnosis of lumbar radiculopathy. The request in question, thus, was at odds with page 82 of the MTUS Chronic Pain Medical Treatment Guidelines (July 28, 2016), with the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, and with the Third Edition ACOEM Guidelines Low Back Disorders Chapter, page 607. Therefore, the request was not medically necessary.