

Case Number:	CM13-0030439		
Date Assigned:	11/27/2013	Date of Injury:	07/08/2011
Decision Date:	02/04/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical medicine and Rehabilitation, has a subspecialty in Pain 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 physician 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.

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 injured worker is a 26-year-old female with date of injury on July 8, 2011. The mechanism of injury occurred when the worker pushed a 300 pound wheelchair-bound patient up a ramp, sustaining ankle and low back injuries. The patient was diagnosed with low back pain secondary to facet arthropathy. Reportedly, a lumbar x-ray demonstrated facet arthropathy bilaterally at the L4-5 and L5-S1 levels. The patient has undergone conservative treatment with physical therapy for 14 sessions. The physical therapy reportedly aggravated the patient's pain. The disputed issue is a request for bilateral L3, L4, and L5 diagnostic medial branch blocks under fluoroscopic guidance and with intravenous sedation. A utilization review performed on September 20, 2013 noncertified this request citing that the medical necessity of the IV sedation was not established. The reviewer cited guidelines which specify that the use of IV sedation can confuse the accuracy of this diagnostic block and should only be given in cases of extreme anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Facet Nerve Block (Bilateral L3, L4, and L5 diagnostic Medial Branch Block) and L4-L5 and L5-S1 Facet Arthropathy, Under Fluoroscopic guidance and Intervenous Sedation, between 9/16/2013-10/31/2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Page(s): 6.

Decision rationale: In the case of this injured worker, there is documentation of significant depression and anxiety for which the injured worker sees a psychologist. In a progress note on date of service October 22, 2013, a clinical psychologist has documented that the patient obtained a score of four on the Beck Anxiety Inventory, which is suggestive of a "minimally anxious state." Other records such as a supplemental report on date of service September 18, 2013 document that the patient has significant "deeper levels of depression than his usual coupled with elevated anxiety symptoms." In psychologic testing, the patient had documented that "medical instruments really frightened me" in a questionnaire. Given this significant anxiety, this worker may require IV sedation because of significant anxiety. The other criteria of a diagnostic medial branch block are met as well. The patient has primarily axial low back pain which is worsened with lumbar extension compared to flexion. Physical examination demonstrates tenderness to palpation of the lower lumbar facet joints from the levels of L4 through S1, with tenderness greater on the right and left. The request for diagnostic medial branch block is medically necessary and appropriate.