

Case Number:	CM13-0030613		
Date Assigned:	11/27/2013	Date of Injury:	07/24/2009
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 Occupational Medicine and is licensed to practice in California, Ohio, Texas. 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. 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 July 24, 2009. 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; topical compounds; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with permanent restrictions in place. The applicant's case has apparently been complicated by comorbid hypertension. In a Utilization Review Report of September 20, 2013, the claims administrator denied a request for facet joint blocks under anesthesia. The applicant's attorney later appealed. A later note of November 3, 2013 is notable for comments that the applicant presents with 2/10 low back pain. He is on Dendracin, Lotrel, Cardura, Protonix, WelChol, Patanase, Kombiglyze, Zetia, tramadol, Lodine, Zantac, Norco, and Mobic. Stiffness and facetogenic tenderness are appreciated with an antalgic gait also noted on exam. Straight leg raising is reportedly negative. The applicant's pain is 2/10. The applicant's BMI is 31. Motor function is intact. Repeat facet blocks are sought. It is stated that the applicant had "great relief" from the last injection lasting many months. Norco, tramadol extended release, and Mobic are all renewed. The applicant's permanent work restrictions are again also renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthesia x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.
Decision based on Non-MTUS Citation emedicine.medscape.com

Decision rationale: It is further noted that, per the Medscape article referenced below, that facet blocks are typically performed under local anesthesia. The attending provider did not, it is further noted, proffer any compelling rationale for usage of general anesthesia here. Therefore, for all of these reasons, the request is not certified.