

Case Number:	CM13-0032334		
Date Assigned:	12/11/2013	Date of Injury:	05/01/1997
Decision Date:	08/08/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/07/2013

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 Orthopedic Surgery and is licensed to practice in New York. 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 patient is a 47-year-old with a date of injury of may first 1997. She has chronic back pain. Treatment; exercises, heat, ice, injections, the size pain medications and stretching. Patient had previous left L4-5 ESI (epidural steroid injection) which provided 75% pain relief. Her medications include narcotics. Physical examination reveals tenderness the lumbar spine palpation and decreased range of motion. There is pain in the bilateral SI (sacroiliac) joint and positive straight leg raise on the left. There is positive facet loading test. There is decreased strength in the left hip. Reflexes are normal. Patient walks with an antalgic gait. MRI shows severe arthropathy at the lower lumbar levels with no nerve root impingement. At issue is whether L3-4, L4-5 and L5-S1 facet injections are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral facet injections at L4-L5, 2nd level: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG Low Back Chapter.

Decision rationale: This patient does not meet criteria for multiple facet injections. Specifically guidelines do not recommend more than two levels of injections. In addition, there is no documentation a prior medial branch blocks in response to prior medial branch blocks. Criteria for facet injections not met. The request for lumbosacral facet injections at L4-L5, 2nd level, is not medically necessary or appropriate.

Lumbosacral facet injections at L5-S1, 3rd level and subsequent levels: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG Low Back Chapter.

Decision rationale: This patient does not meet criteria for multiple facet injections. Specifically guidelines do not recommend more than two levels of injections. In addition, there is no documentation a prior medial branch blocks in response to prior medial branch blocks. Criteria for facet injections not met. The request for lumbosacral facet injections at L5-S1, 3rd level and subsequent levels, is not medically necessary or appropriate.

SUPPLIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

SEDATION IV: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lumbosacral facet injections at L3-L4, 1st level: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back chapter.

Decision rationale: This patient does not meet criteria for multiple facet injections. Specifically guidelines do not recommend more than two levels of injections. In addition, there is no documentation a prior medial branch blocks in response to prior medial branch blocks. Criteria for facet injections not met. The request for lumbosacral facet injections at L3-L4, 1st level, is not medically necessary or appropriate.