

Case Number:	CM13-0042077		
Date Assigned:	12/27/2013	Date of Injury:	07/08/2011
Decision Date:	07/22/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in 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 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 injured worker is a 26 year old female whose date of injury is 07/08/2011. The mechanism of injury is described as pushing a wheelchair-bound client up a ramp. The claimant underwent surgical intervention to the right lateral ankle in August 2012. The claimant was treated conservatively with physical therapy (approximately four sessions initially after her injury) and injection therapies without any long term functional benefit. Physical examination on 09/10/13, documents tenderness to palpation over the lower lumbar facet joints from the approximate levels of L4 through S1. Straight leg raising reproduced low back pain but did not reproduce lower extremity pain. Sensation is intact. Diagnoses are listed as chronic right foot and right ankle pain, reactive depression and chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LUMBAR FACET NERVE BLOCK (BILATERAL L3-L4, AND L5 DIAGNOSTIC MEDIAL BRANCH BLOCK AND L4-L5 AND L5-S1 FACET ARTHROPATHY) UNDER FLUROSCOPIC GUIDANCE AND INTRAVENOUS SEDATION: 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 Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The submitted records indicate that the injured worker had completed 4 initial physical therapy visits, but there is no indication that any recent active treatment had been performed. The Official Disability Guidelines note that the use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The submitted records fail to establish the presence of extreme anxiety. Per psychological evaluation dated 10/22/13, the injured worker's Beck Anxiety Inventory score is 4, which is suggestive of a minimally anxious state. Therefore the request for one lumbar facet nerve block (bilateral l3-l4, and l5 diagnostic medial branch block and l4-l5 and l5-s1 facet arthropathy) under fluroscopic guidance and intravenous sedation are not medically necessary and appropriate.