

Case Number:	CM13-0053066		
Date Assigned:	12/30/2013	Date of Injury:	07/15/2010
Decision Date:	04/04/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery 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. 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 claimant is a 47 year old injured in a work related accident July 15, 2010. Specific medical records related to the claimant's low back reveal an evaluation on October 10, 2013 performed by [REDACTED] who noted that the claimant continued with low back pain for the diagnosis of lumbar sacral neuritis, degenerative disc disease and lumbar disc displacement. Subjectively, the claimant complained of low back pain, radiating to the right buttock, lateral hip, and right ankle. [REDACTED] documented objective findings of tenderness to palpation, restricted range of motion at endpoints, equal and symmetrical lower extremity reflexes, 5/5 motor strength. It was noted that the claimant underwent cervical occipital nerve blocks and facet joint injections. At the present there is a request for bilateral L1-2 facet joint injection to be performed under anesthesia. The clinical imaging in regards to the claimant's lumbar spine was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar facet injection bilateral L1-L2, under fluoro and monitored anesthesia:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back procedure.

Decision rationale: The Physician Reviewer's decision rationale: The CA ACOEM Guidelines do not recommend the role of facet joint injections indicating a lack of significant proof demonstrating the long term benefit and efficacy. However, the ACOEM Guidelines do not specifically address the injections under anesthesia. When looking at the Official Disability Guidelines criteria the role of the procedure to be performed under anesthesia would not be supported. The ODG guidelines specifically state the role of IV sedation or anesthetic agents are grounds to negate the results of diagnostic blockage and should only be indicated in extreme cases of anxiety. The records do not indicate an "extreme case of anxiety." The role of the procedure performed under fluoroscopic guidance and anesthetic intervention is not indicated.