

Case Number:	CM13-0068585		
Date Assigned:	02/28/2014	Date of Injury:	10/21/2009
Decision Date:	06/12/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/19/2013

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 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 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:

Thus far, the patient has been treated with anti-inflammatories, opioids, muscle relaxants, Soma, Ambien, Lyrica, Voltaren gel, physical therapy, chiropractic treatments, spinal cord stimulation with subsequent complication and removal, and right lumbar transforaminal epidural steroid injections in December 2013 and January 2014. Patient had bilateral lumbar facet injection under fluoroscopy (medial branch block) and IV anesthesia at L3-4, L4-5, and L5-S1 on November 27, 2013. Review of progress notes indicates that low back pain is slowly returning after lumbar transforaminal epidural injection. Findings include paraspinal muscle spasms and stiffness, bilateral facet tenderness at L4-5 and L5-S1, and limited range of motion. There is no evidence of lumbar radiculopathy. Patient also has depressive symptoms including social withdrawal, lack of self-confidence, loss of libido, sleep difficulty, anorexia, and anxiety attacks about twice a week. There is note that patient has nightmares about surgeries once or twice a week about the last operation with spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANESTHESIA FOR PROCEDURES IN LUMBAR REGION: Upheld

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

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 Medial Branch Blocks Section.

Decision rationale: As noted in the Official Disability Guidelines (ODG), criteria for facet joint diagnostic blocks state that opioids should not be given as a sedative during the procedure, and use of IV sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. This patient already underwent bilateral facet joint medial branch blocks on November 27, 2013 under IV anesthesia, and there is authorization for bilateral lumbar facet injection (medial branch block) at the same levels on December 02, 2013. Although this patient has underlying psychiatric comorbidities that necessitate IV anesthesia for the said procedures, guidelines only recommend one set of medial branch blocks and it is unclear why another set of medial branch blocks is to be performed. Therefore, the request for anesthesia for procedures in lumbar region was not medically necessary per the guideline recommendations of ODG.