MAXIMUS Federal Services

Case Number:	CM14-0105698		
Date Assigned:	08/01/2014	Date of Injury:	03/15/2013
Decision Date:	10/03/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/08/2014

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:

The patient is a 52 year old male who was injured on 03/15/2013 while he was lifting produce and felt a sharp pain in his left lower back. Prior treatment history has included physical therapy with no benefit. Prior medication history included metformin, Glipizide, Furosemide, hydrochlorothiazide, Atorvastatin, niacin, fish oil, omega 3, melatonin and Aleve. Diagnostic studies reviewed include MRI of the lumbar spine dated 01/21/2014 revealed multilevel mild to moderate neural foraminal narrowing, moderate in the left L5-S1 level. There is superimposed congenital narrowing of the spinal canal on a developmental basis. At L2-L3, 3 to 4 mm annular disc bulge with moderate central canal narrowing at the level of the disc space. Mild central canal narrowing is present at L1-2 and L3-4. Initial consultation report dated 05/14/2014 documented the patient to have complaints of bilateral low back pain radiating to the bilateral buttocks. He reported the pain as an 8/10. He reported the pain is aggravated by activities. On exam, there is no evidence of lymphadenopathy in the groin or axillae. There is tenderness to palpation of the lumbar paraspinal muscles overlying the bilaterally L4-L5 and L5-S1 facet joints. The lumbar spine revealed ranges of motion were restricted by pain. Lumbar extension was 15 degrees and side bending was 15 degrees bilaterally. He had positive pressure at the sacral sulcus as well as Patrick's, Gaenslen's maneuvers. Neurologically, the patient's strength was 1 and symmetric bilaterally in the bilateral lower extremities. The patient was diagnosed with bilaterally lumbar facet joint pain at L4-L5, L5-S1; lumbar facet joint arthropathy; left sacroiliac joint pain; and chronic low back pain. He was recommended for bilaterally L4-5 and L5-S1 facet joint injections under fluoroscopy with moderate sedation as per RFA dated 06/03/2014. Prior utilization review dated 06/10/2014 by [redacted] states the request for Bilateral L4-5 and L5-SI facet joint injections under fluoroscopy with moderate sedation is modified to certify bilateral L4-5 and L5-S1 facet joint injections under fluoroscopy only. No

indications were listed to support the need for sedation. No anxiety was reported. There will be some local anesthesia done, making moderate sedation unnecessary. Guidelines state that "the use of iv sedation should only be given in cases of extreme anxiety."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-SI facet joint injections under fluoroscopy with moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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, Facet joint diagnostic blocks

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute and hence ODG have been consulted. The facet joint diagnostic blocks section in the ODG low back chapter recommend not more than one set of medial branch diagnostic blocks prior to facet neurotomy. In addition, clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failed conservative treatment. 8. The use of IV sedation should only be given in cases of extreme anxiety. The medical record does indicate that patient has positive facet pain on exam, failed conservative treatment, so it is reasonable for bilateral L4-5 and L5-SI facet joint injections under fluoroscopy. However, it does not indicate extreme anxiety that requires sedation. Therefore, the medical necessity is not established for bilateral L4-5 and L5-SI facet joint injections under fluoroscopy with moderate sedation.