

Case Number:	CM14-0011190		
Date Assigned:	02/21/2014	Date of Injury:	06/15/2012
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/06/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 54 year old male with an injury reported on 06/15/2012. The mechanism of injury was described as the injured worker was unloading some heavy metal parts when he injured his low back. The clinical note dated 01/10/2014, reported that the injured worker complained of chronic low back pain that radiated to his right hip and down his right lower extremity. The physical examination findings reported range of motion of lumbar spine was decreased by 40% with flexion, 20% with extension, and 50% with tilt to the right. Sensation was decreased to light touch in the L5 dermatomal distribution on the right lower extremity compared to the left lower extremity. An EMG was performed which revealed evidence of right L5-S1 radiculopathies. The injured worker's diagnoses included right ring finger surgery in 1997; right shoulder arthroscopic surgery in 1997. The request for authorization was submitted on 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET 5 LEVELS WITH FLUOROSCOPIC GUIDANCE AND IV SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for use of diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint diagnostic blocks (injections).

Decision rationale: The request for bilateral lumbar facet 5 levels with fluoroscopic guidance and IV sedation. The injured worker complained of chronic low back pain that radiated to his right hip and down his right lower extremity. It was also noted that his range of motion to the lumbar spine was decreased by 40% with flexion, 20% with extension, and 50% with tilt to the right. An EMG was performed which revealed evidence of right L5-S1 radiculopathies. According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines invasive techniques (e.g., facet joints) have no proven benefit in treating acute neck and upper back symptoms. According to the Official Disability Guidelines clinical presentation should be consistent with facet joint pain, signs & symptoms. The guidelines state that only one set of diagnostic medial branch block is required prior to neurotomy, with a response of 70%. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 joint levels are injected in one session. The 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. There is a lack of clinical evidence indicating physical examination revealing facet joint pain. There is a lack of clinical information provided demonstrating the injured worker's unresponsiveness to physical therapy, home exercise, and NSAIDs. It was also noted per the EMG that the injured worker showed evidence of L5-S1 radiculopathies. Moreover, the request for a 5 level facet injection exceeds the guidelines recommended 2 levels. Furthermore, the request for IV sedation is not recommended per the guidelines, and is only given in cases of extreme anxiety. Thus, the request is not medically necessary and appropriate.