

Case Number:	CM14-0168772		
Date Assigned:	10/16/2014	Date of Injury:	08/13/2000
Decision Date:	11/24/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and left knee pain reportedly associated with an industrial injury of June 13, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee surgery; earlier epidural steroid injection therapy in May 2014; sacroiliac joint injection therapy in July 2014; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 26, 2014, the claims administrator denied a request for facet joint injections with associated fluoroscopy and conscious sedation. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4 FACET INJECTION UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, the article at issue, are deemed "not recommended." In this

case, there is considerable lack of diagnostic clarity present here as the applicant has received recent epidural steroid injection therapy for presumed radiculopathy, is employing Neurontin for presumed lumbar spinal stenosis, and has also received recent SI joint injections for reported sacroiliac joint pain. The request, thus, is not indicated both owing to the unfavorable ACOEM position on the article at issue as well as owing to the considerable lack of diagnostic clarity present here. Therefore, the request for BILATERAL L4 FACET INJECTION UNDER FLUOROSCOPIC GUIDANCE is not medically necessary.

BILATERAL L5 FACET INJECTION UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, as are being proposed here, are deemed "not recommended." In this case, there is, it is further noted, a considerable lack of diagnostic clarity present here as the applicant has received recent epidural steroid injection therapy for presumed radiculopathy, is using gabapentin for ongoing issues with spinal stenosis, and has also received recent SI joint injections for presumed sacroiliac pain. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present here as well as owing to the unfavorable ACOEM position on the article at issue. Therefore, the request for BILATERAL L5 FACET INJECTION UNDER FLUOROSCOPIC GUIDANCE is not medically necessary.

MODERATE SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: This is a derivative or companion request, one which accompanies the primary request for the facet injections. Since those requests were deemed not medically necessary, the derivative or companion request for 'moderate sedation' is likewise not medically necessary. Since the primary procedures are not medically necessary, none of the associated services (Moderate Sedation) are medically necessary.