

<b>Case Number:</b>	CM14-0029153		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Texas and New York. 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 29 year old female who reported an injury on 10/02/2012 after lifting a box. The injured worker had a history of right sided lower back pain with a diagnosis of lumbar strain. The diagnostics include an MRI dated 12/26/2012 showing mild hypertrophic facet changes at the L3 to S1 but otherwise normal. The physical examination reveals ambulation without difficulty however, lumbar exam revealed that the injured worker was able to flex forward 90 degrees, extend 20 degrees, facet loading on the right and negative on the left. The injured worker previously participated in six sessions of chiropractic therapy with no reported benefit. The authorization dated 06/20/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Facet Nerve Block Fluoroscopy, IV Sedation, Right L3-L4, L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Chapter: Low Back Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Facet Joint Diagnostic Block.

**Decision rationale:** The Official Disability Guidelines recommends documented conservative care including home exercise, physical therapy and medications, prior to procedure for 4-6 weeks. Furthermore the guidelines indicate using a log to record activity to support subjective finding for medication use. The log should include the maximum pain relief, maximum pain duration and better pain control using the visual analogue scale (VAS) pain scale. The use of intravenous (IV) sedation is not indicated, the Official Disability Guidelines indicate that IV sedation may be grounds to negate the results of a diagnostic block and only should be given in cases of extreme anxiety. The documentation provided stated that the injured worker was using Ultracet however no frequency, duration of effectiveness documented using the VAS scale, also no prior chart notes provided. As such the request for facet nerve block fluoroscopy, IV sedation right L3-L4, L4-L5 is not medically necessary