

Case Number:	CM14-0085173		
Date Assigned:	07/23/2014	Date of Injury:	09/11/2008
Decision Date:	09/23/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/06/2014

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 Family Medicine and is licensed to practice in California, Tennessee, and 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 62 year old female whose date of injury is 09/11/2008. The mechanism of injury is described as stepping off a bus while at work. Treatment to date includes lumbar epidural steroid injections, posterior lumbar fusion and laminectomy at L2-3, L3-4 and L4-5 on 04/18/12 followed by a course of postoperative physical therapy. Lumbar MRI dated 06/13/14 revealed at L4-5 there is a broad based bulge 4 mm eccentric to the right which in conjunction with facet hypertrophy and ligamentum flavum laxity produces mild to moderate central canal narrowing, severe right neural foraminal narrowing and moderate left neural foraminal narrowing. At L5-S1 there is a broad based bulge 2 mm eccentric to the left which in conjunction with facet hypertrophy and ligamentum flavum laxity produces mild central canal narrowing, mild right neural foraminal narrowing and moderate left neural foraminal narrowing. Note dated 07/07/14 indicates that lumbar flexion is to 30 degrees and extension is 20 degrees. Deep tendon reflexes are diminished at the bilateral ankles and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 bilateral facet joint injections under fluoroscopy sedation QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Therapeutic Injections, Low Back - Lumbar and Thoracic (Acute and Chronic).

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 diagnostic blocks.

Decision rationale: Based on the clinical information provided, the request for L4-5 bilateral facet joint injections under fluoroscopy sedation quantity two is not recommended as medically necessary. The injured worker is noted to be status post posterior lumbar fusion and laminectomy at L2-3, L3-4 and L4-5 on 04/18/12. The Official Disability Guidelines report that facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Additionally, 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.

L5-S1 bilateral facet joint injections under fluoroscopy sedation QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Therapeutic Injections, Low Back - Lumbar and Thoracic (Acute and Chronic).

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 diagnostic blocks.

Decision rationale: Based on the clinical information provided, the request for L5-S1 bilateral facet joint injections under fluoroscopy sedation quantity two is not recommended as medically necessary. The injured worker's physical examination fails to establish the presence of facet-mediated pain. The request for two injections is excessive as the Official Disability Guidelines support one set of injections. Additionally, 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.