

Case Number:	CM15-0001470		
Date Assigned:	01/12/2015	Date of Injury:	10/11/2001
Decision Date:	03/12/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old female who reported an injury on 10/11/2001. The mechanism of injury was not stated. The current diagnoses include lumbar facet syndrome and cervical stenosis. The latest physician progress report submitted for this review was documented on 09/16/2014. The injured worker presented with complaints of mid to low back pain. Upon examination, there was tenderness in the lower lumbar paravertebral musculature, 60 degree forward flexion, 10 degree extension, 20 degree lateral bending, negative straight leg raise, and intact sensation. Recommendations included a lumbar facet injection at L4-5 and L5-S1. A Request for Authorization form was later submitted on 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy and Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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 block.

Decision rationale: The Official Disability Guidelines recommend facet joint diagnostic blocks for facet mediated pain. 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. The medical necessity for anesthesia with the procedure has not been established, as there was no evidence of extreme anxiety or a fear of needles. Based on the information received and the above mentioned guidelines, the request is not medically appropriate.