

Case Number:	CM15-0137409		
Date Assigned:	07/27/2015	Date of Injury:	12/01/2009
Decision Date:	08/24/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/15/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 57-year-old male who sustained an industrial injury on 12/01/2009. The injured worker was diagnosed with right sacroiliitis, right hip arthritis, lumbar facet joint arthritis, lumbar radiculopathy and chronic low back pain. Recent weight was noted at 348 pounds. Treatments to date including surgical interventions, treatment, medications and therapy modalities were not discussed. According to the primary treating physician's progress report on April 21, 2015, the injured worker continues to experience low back and right hip pain rated at 7/10 on the pain scale. The injured worker also reports difficulty sleeping. Examination of the lumbar spine demonstrated spasm of the paraspinal muscles with stiffness of the lumbar spine. Tenderness was noted in the lumbar facet joints bilaterally, worse on the right side than the left side. Lumbar extension was documented at less than 10 degrees with increased pain and right hip internal and external rotation aggravating the pain. Treatment plan consists of right lumbar facet joint injections at L4-5 and L5-S1, Norco 7.5/325mg, Ibuprofen and the current request for pre-procedure consultation for lumbar facet joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-procedure consultation for lumbar facet joint injections: 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) pre-operative consult.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG does recommend pre-operative consultation for risk stratification based on type of procedure and the patient's co-morbidities to have better manage the patient intra-operatively and post-operatively. The procedure however being performed does not traditionally requires pre-procedure consult and the request is not medically necessary.