

Case Number:	CM15-0082389		
Date Assigned:	05/04/2015	Date of Injury:	11/01/1991
Decision Date:	06/03/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male who sustained an industrial injury on 11/01/1991. Current diagnosis includes lumbar degenerative disc disease. Previous treatments included medication management, epidural steroid injections, and lumbar fusion surgery. Previous diagnostic studies include x-rays and MRI of the lumbar spine. Report dated 04/06/2015 noted that the injured worker presented with complaints that included low back pain with radiation to the anterior and lateral thigh on the right. The injured worker reported 50% improvement with the epidural steroid injection. Medication regimen included Oxycontin and Norco. Pain level was not included. Physical examination was not provided. The treatment plan included recommendation for weaning off of the Oxycontin and recommendation for bilateral facet joint injections, and follow up in 6 weeks. Disputed treatments include right L5-S1 facet injection with fluoroscopic guidance, left L5-S1 facet injection with fluoroscopic guidance, and moderate sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 facet injection with fluoroscopic guidance QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Facet Injections, Lumbar, & Facet Joint Injections, Thoracic - page 35.

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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant has a remote history of a work injury occurring in November 1991. Treatments have included a lumbar spine fusion. When seen, there had been a 50% proven after an epidural injection. He was having ongoing radiating to the right side. He had a low level of back pain. There were no physical examination findings. Recommendations included bilateral lumbar facet injections below the level of his fusion. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, there are no physical examination findings documented and therefore a diagnosis of facet-mediated pain is not supported. The requested facet injection cannot be considered medically necessary.

Left L5-S1 facet injection with fluoroscopic guidance QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Facet Injections, Lumbar, & Facet Joint Injections, Thoracic - page 35.

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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant has a remote history of a work injury occurring in November 1991. Treatments have included a lumbar spine fusion. When seen, there had been a 50% proven after an epidural injection. He was having ongoing radiating to the right side. He had a low level of back pain. There were no physical examination findings. Recommendations included bilateral lumbar facet injections below the level of his fusion. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, there are no physical examination findings documented and therefore a diagnosis of facet-mediated pain is not supported. The requested facet injection cannot be considered medically necessary.

Moderate sedation QTY: 1.00: Upheld

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

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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections) and Other Medical

Treatment Guidelines Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House of Delegates on October 22, 2005 and last amended on October 20, 2010).

Decision rationale: The claimant has a remote history of a work injury occurring in November 1991. Treatments have included a lumbar spine fusion. When seen, there had been a 50% proven after an epidural injection. He was having ongoing radiating to the right side. He had a low level of back pain. There were no physical examination findings. Recommendations included bilateral lumbar facet injections below the level of his fusion. In this case, the requested facet injections are not medically necessary. Additionally, there is no indication for the use of moderate sedation and therefore this request is not medically necessary.