

Case Number:	CM15-0083871		
Date Assigned:	05/06/2015	Date of Injury:	06/30/2011
Decision Date:	06/04/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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

Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 48-year-old male who sustained an industrial injury to the low back on 06/30/2011. Diagnoses include low back pain. Treatment to date has included medications, chiropractic, physical therapy, acupuncture, TENS unit and spinal fusion at L2-3. An MRI dated 1/31/13 showed multiple levels of disc degeneration and spondylolisthesis at L5-S1. X-rays of the lumbosacral spine on 12/6/13 indicated disc space narrowing at L2-3 had progressed. According to the progress notes dated 4/15/15, the IW reported low back pain below the L2-3 fusion site radiating into the bilateral buttocks. Current medications included Percocet, Ultram and Flexeril. A request was made for fluoroscopy and monitored anesthesia (for previously authorized L5-S1 facet block).

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy and monitored anesthesia for previously authorized L5-S1 facet block:

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 (ODG), Low Back Chapter, Facet joint pain, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." The patient has a complex low back injury dating back to 6/2011. Multiple evaluations and treatment modalities have been performed. The patient continues to have significant symptoms despite the care rendered. There is insufficiency documentation explaining why monitored anesthesia is necessary for a facet block. Generally cases are performed under local anesthesia and do not require deep sedation and respiratory monitoring.