

<b>Case Number:</b>	CM14-0017476		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	09/11/2001
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 50-year-old male who sustained an injury to his low back on 09/11/01 when he picked up 30 pounds of butter, he twisted and his back went out. The injured worker reported having a disc bulge at L4-5. He was taken off work for approximately six months, had chiropractic treatment and was able to return to work. He has continued to receive conservative treatment, which has included chiropractic treatment, rehabilitation modalities as well as occasional anti-inflammatory medications. The records indicate that the injured worker is compliant in a home exercise program. He continues to have low back pain. He underwent lumbar epidural steroid injection on 12/10/13. He noted that for the first week following injection, he did obtain significant relief; however, his pain progressively returned to baseline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 BILATERAL LUMBAR FACET JOINT INJECTION AT L5-S1 WITH FLUROSCOPIC GUIDANCE AND IV SEDATION BETWEEN 1/3/2014 AND 3/10/2014:**

Upheld

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

**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 (Injections).

**Decision rationale:** The request for one bilateral lumbar facet joint injection at L5-S1 with fluoroscopic guidance and IV sedation between 01/03/14 and 03/10/14 is not medically necessary. The previous request was denied on the basis that the most recent evaluation revealed clinical findings of low back pain with radicular pain in the bilateral lower extremities. The requested procedure is a diagnostic tool is limited to injured workers with low back pain that is non-radicular. Furthermore, there was no information provided that would indicate that the injured worker suffers from extreme anxiety or has a needle phobia that would warrant the use of IV sedation. The Official Disability Guidelines (ODG) states that the use of IV sedation including other agents such as Midazolam may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. Given the clinical documentation submitted for review, medical necessity of the request for one bilateral lumbar facet joint injection at L5-S1 with fluoroscopic guidance and IV sedation between 01/03/14 and 03/10/14 has not been established. The request is not medically necessary.