

Case Number:	CM14-0177727		
Date Assigned:	10/31/2014	Date of Injury:	12/13/2010
Decision Date:	12/15/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 years old male with an injury date on 12/13/2010. Based on the 09/30/2014 progress report provided by [REDACTED], the diagnoses are: 1. Degeneration lumbar lmb sac di2. Lumbar disc displacement without Myelopathy According to this report, the patient complains of worsening "axial back pain and left buttocks pain which radiates into the posterior gluteus region and hamstring sometimes all the way to his upper calf." This is exacerbated made worse with extension and rotation of the lumbar spine." Patient's treatment includes 2 right shoulder surgeries and "an intra-articular facet injection at L4-L5 and L5-S1 with bilateral this give him significant pain reduction." Physical exam of the lumbar spine were not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 10/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet joint injection L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) pages 308-310 and ODG-TWC Low Back Procedure Summary

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 under Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections)

Decision rationale: According to the 09/30/2014 report by [REDACTED] this patient presents with worsening "axial back pain and left buttocks pain which radiates into the posterior gluteus region and hamstring sometimes all the way to his upper calf." The treater is requesting repeat bilateral lumbar facet joint injection L4-5 and L5-S1. The utilization review denial letter states "it is evident that bilateral intra-articular facet injection L4-5 and L5-S1 level administered on 04/29/2014 provided 50% relief." The current request is for repeat facet injections for therapeutic purposes, to repeat the treatment. ODG guidelines do not support facet injections other than one time for diagnostic purposes. A definitive treatment require RF ablation. Recommendation is for denial.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) pages 308-310 and ODG-TWC Low Back Procedure Summary

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 under Fluoroscopy

Decision rationale: According to the 09/30/2014 report by [REDACTED] this patient presents with worsening "axial back pain and left buttocks pain which radiates into the posterior gluteus region and hamstring sometimes all the way to his upper calf." The treater is requesting Fluoroscopic guidance. Regarding fluoroscopy, ODG guidelines state "Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy." In this case, since the requested injections are not indicated, there is no need for fluoroscope. Recommendation is for denial.

IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) pages 308-310 and ODG-TWC Low Back Procedure Summary

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 under Facet joint diagnostic blocks (injections)

Decision rationale: According to the 09/30/2014 report by [REDACTED] this patient presents with worsening "axial back pain and left buttocks pain which radiates into the posterior gluteus

region and hamstring sometimes all the way to his upper calf." The treater is requesting IV sedation. Regarding IV sedation, ODG guidelines states "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." Review of reports do not show the patient has extreme anxiety and the requested repeat medial branch was not recommended. The requested IV sedation does not appear medically necessary at this time. Recommendation is for denial.