MAXIMUS Federal Services

Case Number:	CM15-0078526		
Date Assigned:	04/29/2015	Date of Injury:	07/11/2008
Decision Date:	05/29/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/24/2015

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: Preventive Medicine, Occupational 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 is 57 year old male, who sustained an industrial injury on July 11, 2008. The injured worker has been treated for low back complaints. The diagnoses have included spinal stenosis of the lumbar region, thoracic or lumbar radiculitis, sacroilitis and lumbar spinal spondylosis. Treatment to date has included medications, radiological studies, physical therapy, acupuncture treatments and epidural steroid injections. Current documentation dated April 8, 2015 notes that the injured worker reported low back pain with radiation to the left hip and lower extremity. Associated symptoms included numbness and tingling. Physical examination revealed lumbar facet tenderness, mild spasms and a decreased sensation of the lumbar five and sacral one distribution. The treating physician's plan of care included a request for bilateral lumbar three/four, lumbar four/five and lumbar five/sacral one facet blocks under MAC sedation and pre-operative clearance labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L3/4, L4/5, L5/s facet block under mac sedation: 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 - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. In addition, no more than two levels should be injected during a single procedure. Bilateral L3/4, L4/5, L5/s facet block under mac sedation is not medically necessary.

Preop Clearance Labs: CBC, CMO, UA, PT, PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI) Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Fifth Edition, March 2014 Pages 13-22.

Decision rationale: The MTUS and the ODG do not address the above issue. Alternative Guidelines were referenced. According to the Institute for Clinical Systems Improvement Health Care Protocol: Perioperative Guidelines, preoperative assessment is expected before all surgical procedures. This assessment includes an appropriately directed and sufficiently comprehensive history and physical examination, and in some cases, properly includes laboratory and other testing to help direct management and assess surgical risk. Most laboratory and diagnostic tests including electrocardiograms are not necessary with routine procedures unless a specific indication is present. Don't perform routine preoperative testing before low-risk surgical procedures. Preoperative testing for low-risk surgical procedures (such as cataract extraction) results in unnecessary delays and adds to significant avoidable costs and should be eliminated. There is no documentation of specific indication for the preoperative testing. Preop Clearance Labs: CBC, CMO, UA, PT, PTT are not medically necessary.