

Case Number:	CM15-0092695		
Date Assigned:	06/05/2015	Date of Injury:	04/18/2011
Decision Date:	07/07/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 64 year old male who sustained an industrial injury on 04/18/11. Initial complaints and diagnoses are not available. Treatments to date include medications and home exercise program. Diagnostic studies are not addressed. Current complaints include chronic low back pain. Current diagnoses include lumbar disc displacement, lumbosacral spondylosis, lumbar/lumbosacral disc degeneration, and sciatica. In a progress note dated 03/27/15 the treating provider reports the plan of care as medications including hydrocodone and Protonix, as well as a right lumbar facet injection at L3-5 under fluoroscopic guidance. The requested treatment is a right lumbar facet injection at L3-5 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Facet Joint Injection at L3-L4 and L4-L5 with Fluoroscopic Guidance:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet Joint Injections Topic.

Decision rationale: Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, there is documented objective examination findings supporting a diagnosis of facetogenic pain such as tenderness to palpation over the lumbar facets. Conservative care has failed to date, and this is now a chronic lumbar pain. The issue debated is whether IV sedation is necessary or not, as the UR determination had denied this component of the request. The requesting provider has asserted that the IV sedation to be utilized will be of low dosage and that this is standard of care. However, it should be noted that the guidelines do not specify that IV sedation is standard of care and that interventional spine procedures can proceed without any sedation. Therefore, sedation should be utilized only in cases of documented anxiety, which was not noted in this case. This request is not medically necessary as originally requested with IV sedation.