

Case Number:	CM14-0149850		
Date Assigned:	09/18/2014	Date of Injury:	12/07/2010
Decision Date:	10/13/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/15/2014

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. 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: Tennessee, Florida, Ohio

Certification(s)/Specialty: Surgery, Surgical Critical Care

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 57 year old male who sustained an industrial injury on 12-07-10. Initial complaints and diagnoses are not available. Treatments to date include a cervical epidural steroid injection, topical and oral medications, home exercise program, and H-wave unit. Diagnostic studies include a MRI of the lumbar spine. Current complaints include neck and low back pain. Current diagnoses include chronic pain syndrome, neck and lumbar spine, osteoarthritis cervical spine, cervical stenosis, facet hypertrophy of the lumbar region, cervical and lumbar degenerative disc disease. In a progress note dated 09-05-14 the treating provider reports the plan of care as lumbar facet injections at L2-5, as well as tramadol, Restoril, and Lidoderm patches, and psychological evaluation and treatment. The requested treatments include lumbar facet injections at L2-5 with fluoroscopy and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet L2-3, L3-4, L4-5 under Fluoroscopic Guidance, Conscious Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic)/Facet Blocks for Pain.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of lap band surgery for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address this topic. According to the Official Disability Guidelines (ODG), "No more than two joint levels are to be performed at one time." Per the medical documentation submitted, this patient has been requested to receive treatment of 3 joint levels at L2-3, L3-4 and L4-5. Additionally, there is no evidence of a formal plan to provide additional evidence based conservative care in addition to the patient's proposed facet therapy. Therefore, based on the submitted medical documentation, the request for lumbar facet injection therapy at L2-3, L3-4 and L4-5 using fluoroscopic guidance and conscious sedation is not medically necessary.