

Case Number:	CM13-0001076		
Date Assigned:	05/21/2014	Date of Injury:	12/01/2008
Decision Date:	07/11/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/09/2013

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 and is licensed to practice in Texas. 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 49-year-old female who reported an injury on December 1, 2008. The mechanism of injury was not provided. The documentation of July 2, 2013 revealed the injured worker had midline low back pain and medications were not helping. The objective findings revealed the injured worker had tenderness upon palpation of the bilateral lumbar paraspinal muscles overlying the L1 through L4 facet joints. There was tenderness to palpation of the right sacral sulcus and sacroiliac joint. The nerve root tension signs were negative bilaterally. The muscle stretch reflexes were symmetric bilaterally and muscle strength was 5/5. The diagnoses included status post fluoroscopically guided bilateral L2-3 and bilateral L3-4 facet joint radiofrequency nerve ablation and facet joint pain at the bilateral L2-3 and bilateral L3-4 lumbar facet joint medial branch block. The plan included a psychiatric consultation for a mood disorder as recommended by the Agreed Medical Evaluation and a repeat fluoroscopically guided bilateral L2-3 and bilateral L3-4 facet joint radiofrequency nerve ablation to treat the injured worker's low back pain. The previous radiofrequency nerve ablation provided 50% relief for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations. Decision based on Non-MTUS Citation Colorado Division of

Worker's Compensation, Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend consideration of a psych consultation if there is evidence of depression, anxiety, or irritability. The clinical documentation submitted for review failed to provide documentation of the above symptoms. There was a lack of documentation indicating a necessity for a psychiatric evaluation. Given the above, the request for psychiatric evaluation is not medically necessary.

REPEAT FLUOROSCOPICALLY GUIDED BILATERAL L2-L3 AND BILATERAL L3-L4 FACET JOINT RADIOFREQUENCY NERVE ABLATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 181 & 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: The Official Disability Guidelines recommend repeat neurotomies with documented relief from the first procedure for at least 12 weeks and at least 50% relief with a documented improvement in the visual analog scale (VAS) score, decreased use for medications and documented improvement in function. There should also be a formal plan of additional evidence-based conservative care in addition to facet joint therapy. The clinical documentation submitted for review indicated the injured worker had 50% relief for greater than 6 months. However, there was a lack of documentation of an improvement in the VAS score, decreased medication use, and documented objective functional improvement. There was a lack of documentation of a formal plan of additional evidence-based conservative care post procedurally. Given the above, the request for repeat fluoroscopically guided bilateral L2-L3 and bilateral L3-L4 facet joint radiofrequency nerve ablation is not medically necessary.