MAXIMUS Federal Services

Case Number:	CM13-0015041		
Date Assigned:	12/11/2013	Date of Injury:	05/09/2013
Decision Date:	02/08/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified inInternal Medicine, and is licensed to practice in New York. 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 physician 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 41 y.o. male with an injury sustained on 5/9/13. Cervical,thoracic and lumbar xrays were within normal limit. Magnetic resonance imaging (MRI) revealed multiple lumbar disc disease. The patientt had multile doctor visits with diagnoses of cervical, lumbar, and thoracic strain. also had dx of disc disease with radiculopathy. He received pain med injections, physical therapy (PT),chiropractic, and narcotics. Patientt complaint of pain 8/10. On exam 6/25, he had decreased range of motion (ROM), decreased sensation on the right side and normal limit muscle strength. The physician requested pain management consult and lumbar facet injections. Utlization review (UR) denied these requests 8/9/13. It was appealed 8/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with pain management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92,127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: According to the MTUS guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so

follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Thus, it seems reasonable to support a consultation, based on these guidelines.

Lumbar facet injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301 and 617-25. Decision based on Non-MTUS Citation web MD based on Kelly (2009), textbook of rheumatology, vol 1, pgs. 617-25.

Decision rationale: The ACOEM guidelines indicate that research has not shown that local injections are effective in controlling acute or chronic lower back pain (LBP) that does not spread down the leg. In this case, this patient does have radiculopathy. The ACOEM guidelines reportedly states that lumbar facet neurotomies produce mixed results. The procedure should only be performed after other blocks have been tried. The request is non-certified.