MAXIMUS Federal Services

Case Number:	CM13-0020094		
Date Assigned:	10/11/2013	Date of Injury:	01/11/2012
Decision Date:	01/17/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/04/2013

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 in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 25-year-old female who reported a work-related injury. The patient has undergone pain management to include medications and physical therapy. The patient's diagnoses are listed as sternocostal strain versus costochondritis, myofascial pain syndrome, and probable lumbar radiculopathy. The medications used were listed as Neurontin and Percocet. The most recent clinical documentation stated the treatment plan for the patient was for continued medications, a lumbar injection, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy Guided Facet Joint Block T7-T8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, section on Facet Joint Diagnostic Blocks

Decision rationale: The most recent clinical documentation stated the patient had not noticed any change with Neurontin. The patient reported her numbness and tingling had worsened along with her low back pain. Her symptoms only involved the left lower extremity. The Official

Disability Guidelines indicate that facet joint diagnostic blocks are limited to patients with low back pain that is non-radicular. There much also be documentation of failure of conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Per the clinical documentation submitted, the patient was noted with back pain that radiated into the left lower extremity with numbness and tingling despite medications, physical therapy, home exercise program, and 3 soft tissue injections that provided temporary relief. The patient was noted to have radicular symptoms of low back pain. Furthermore, there was lack of documentation noting the failure of conservative treatment for the patient prior to the procedure for at least 4 to 6 weeks. There was no documentation submitted noting the efficacy of the patient's physical therapy or the failure of treatment with NSAIDs for the patient. The clinical documentation stated the patient was noted to have probable lumbar radiculopathy. Guidelines state there should be no evidence of radicular pain for facet joint injections. As such, the request for fluoroscopy-guided facet joint block T7-8 is not medically necessary and appropriate.

A series of 10 Acupuncture sessions to the thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The most recent clinical documentation submitted for review stated the patient complained of back pain that radiated into the left lower extremity with numbness and tingling despite medications, physical therapy, home exercise program, and 3 soft tissue injections. There was documentation noting tenderness to palpation over the bilateral thoracic facet joint at T7-8 and limited range of motion. It is unclear per the submitted documentation how many acupuncture treatments the patient has had to date. The Acupuncture Medical Treatment Guidelines indicate acupuncture is used as an option when pain mediation is reduced or not tolerated or it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is lack of documentation stating the patient was not able to tolerate her pain medication or that her pain medication had been reduced. The patient was also not noted to be in a physical rehabilitation program and surgical intervention was not planned for the patient. As such, the clinical documentation submitted for review does not support the request for acupuncture. Therefore, the request for 10 acupuncture sessions to the thoracic spine is not medically necessary and appropriate.