

Case Number:	CM13-0022196		
Date Assigned:	11/13/2013	Date of Injury:	05/01/2011
Decision Date:	01/28/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of 5/1/11. A utilization review determination dated 9/3/13 recommends non-certification of medial branch blocks L3-4-5, psychiatric clearance for spinal cord stimulator trial, and functional restoration program consultation as the records indicated that the patient's pain level was zero with medication and 8/10 without, and the reviewer opined that there was no clear need for any of these intervention when pain is completely controlled with medication. A progress report dated 10/22/13 identifies subjective complaints including, "lower back pain and left hip pain...7/10...radiates to the left leg and right leg...associated with numbness and tingling on left leg...medications are helping...pain level has remained unchanged since last visit." Objective examination findings identify, "lumbar range of motion is restricted with flexion limited to 20 degrees limited by pain and extension limited to 10 degrees limited by pain." Diagnoses state, "reflex sympathetic dystrophy of lower limb; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; arthropathy not otherwise specified of site not elsewhere classified; myalgia and myositis not otherwise specified; spasm of muscle." Treatment plan recommends, "radiofrequency ablation of left sided L3-4-5." A progress report dated 9/23/13 identifies subjective complaints including, "pt had [illegible, appears to be 80%] relief to lower back after medial branch block lasting several weeks. Now pain has returned to nearly pre-injection level." Objective examination findings identify, "+ facet loading, + tenderness over L-spine, decreased sen L L4 [illegible]." Diagnoses are mostly illegible. Treatment plan recommends, "radiofrequency ablation of left sided L3-4, L4-5, L5-S1, cont. meds." A progress report dated 8/20/13 identifies subjective complaints including, "VAS 0/10 with meds at rest, 8/10 without meds, 10/10 at its worst. LBP radiation into left hip, significant im

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient medial branch blocks, L3-4 diagnostic blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, TWC, 2013 web-based edition, CAMTUS Guidelines, web-based edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: Regarding the request for medial branch blocks, California MTUS and ACOEM state that invasive techniques such as facet injections are of questionable merit. ODG states that the use of medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, and there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Within the documentation available for review, there are findings suggestive of radicular rather than non-radicular pain, and ESI was considered just prior to the request for medial branch blocks. Furthermore, the records appear to suggest that the patient's pain is well controlled with medication, with 0/10 pain with medications noted on 8/20/13 and subsequent reports noting that pain complaints are unchanged. In light of the above issues, the currently requested medial branch blocks are not medically necessary.

Psychiatric clearance for spinal cord stimulator (SCS) trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, TWC, 2013 web-based edition, CAMTUS Guidelines, web-based edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulator).

Decision rationale: Regarding the request for psychiatric clearance for spinal cord stimulator trial, California MTUS states that psychological evaluations are recommended prior to spinal cord stimulator trials. However, spinal cord stimulator trials are recommended for conditions such as failed back surgery syndrome or complex regional pain syndrome only in cases when less invasive procedures have failed or are contraindicated. Within the documentation available for review, there is documentation of consideration of interventional pain management procedures including ESI, as well as documentation that the patient has received significant pain relief with the use of even less invasive treatments including medications and trigger point injections. In light of the above issues, the currently requested psychiatric clearance for spinal cord stimulator trial is not medically necessary.

Functional restoration program (FRP) consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, TWC, 2013 web-based edition, CAMTUS Guidelines, web-based edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34, 49.

Decision rationale: Regarding the request for a functional restoration program consultation, CA MTUS supports the use of these programs only when previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, when there is a significant loss of ability to function independently resulting from the chronic pain, and when the patient is not a candidate where surgery or other treatments would clearly be warranted. Within the documentation available for review, there is documentation that the patient has had significant benefit from other forms of treatment including medications and trigger point injections and other options are also being considered. Additionally, there does not appear to be a significant loss of the ability to function independently, as the patient was recently noted to even be able to attend the gym on an almost daily basis. In light of the above issues, the currently requested functional restoration program consultation is not medically necessary.