MAXIMUS Federal Services

Case Number:	CM13-0031870		
Date Assigned:	12/04/2013	Date of Injury:	03/09/2012
Decision Date:	02/12/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/04/2013

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 Internal Medicine and Cardiology has a subspecialty in Fellowship trained in Cardiovascular disease 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 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 31-year-old male who reported an injury on 03/09/2012. The patient was seen on 08/06/2013 for continued low back pain and muscle spasms. The patient stated that Norco does help but he is having significant muscle spasms as compared to previous months. Under the physical examination he was noted to have positive bilateral straight leg raise, mildly right more than the left. The positive straight leg raise on the right was 70 degrees and on the left was 80. There were moderate spasms and paraspinal muscle tenderness to palpation noted. The patient was seen again on 09/09/2013 again with chronic persistent low back pain at a 7/10 level. The physical examination was unchanged from the previous evaluation date from 08/06/2013. He has been diagnosed with lumbar discogenic disease, lumbar radiculopathy, and exogenous obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Facet Block Bilaterally, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint diagnostic blocks (injections)

Decision rationale: Under California MTUS/ACOEM it states that facet joint injections are not recommended for the treatment of low back disorders. It further states that invasive techniques such as facet joint injections are of questionable merit. In the case of this patient, he has already undergone an L4-S1 repeat facet block bilaterally in 06/2013 with the patient permanent and stationary after the injection. Guidelines recommend facet injections, preferably diagnostic medial branch blocks, only prior to facet neurotomies. Under Official Disability Guidelines it further states that 1 set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. The pain response should last at least 2 hours for lidocaine. The documentation does not provide the objective measurements pertaining to the efficacy of the previous diagnostic blocks. Furthermore, the patient having already undergone the diagnostic face blocks, would not necessitate a repeat of the same procedure. At this time, the medical necessity for repeat bilateral L4-5 facet blocks is not established. As such, the request is non-certified.

L5- S1 Facet Block Bilaterally, Qty 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint diagnostic blocks (injections)

Decision rationale: Under California MTUS/ACOEM it states that facet joint injections are not recommended for the treatment of low back disorders. It further states that invasive techniques such as facet joint injections are of questionable merit. In the case of this patient, he has already undergone an L4-S1 repeat facet block bilaterally in 06/2013 with the patient permanent and stationary after the injection. Guidelines recommend facet injections, preferably diagnostic medial branch blocks, only prior to facet neurotomies. Under Official Disability Guidelines it further states that 1 set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. The pain response should last at least 2 hours for lidocaine. The documentation does not provide the objective measurements pertaining to the efficacy of the previous diagnostic blocks. Furthermore, the patient having already undergone the diagnostic face blocks, would not necessitate a repeat of the same procedure. At this time, the medical necessity for repeat bilateral L5-S1 facet blocks is not established. As such, the request is non-certified.

Acupuncture for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Under the California MTUS Acupuncture Guidelines it states that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be

used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 to 6 treatments, with a frequency of 1 to 3 times per week, and an optimum duration of 1 to 2 months. In the case of this patient, he had bee noted to have already been approved for acupuncture sessions in 04/2013. The documentation has not provided any functional benefits to include objective measurements pertaining to the efficacy of the acupuncture treatments. Therefore, the medical necessity for additional treatments cannot be established at this time. Furthermore, the physician has failed to indicate how many sessions of acupuncture the patient would undergo. Without having sufficient documentation pertaining to the previous acupuncture sessions, it is unclear if the patient would exceed maximum allowance per California MTUS Acupuncture Guidelines. As such, the requested service is non-certified.