

Case Number:	CM13-0036665		
Date Assigned:	12/13/2013	Date of Injury:	03/09/2011
Decision Date:	04/22/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 patient is a 45-year-old female who sustained unspecified injury on 03/09/2011. The patient was evaluated on 11/20/2013 for continued complaints of pain to the lumbar spine. Upon evaluation, the patient was noted to have decreased range of motion to the lumbar spine, a positive straight leg raise at 25 degrees on the right and 15 degrees on the left, and positive Valsalva and Milligram's test bilaterally. The documentation further indicated the patient had decreased Achilles reflex on the left. The treatment plan indicated facet injections, and follow-up with psychologist for stress, anxiety, and depression related to pain. The documentation submitted for review did not indicate the patient's pain level upon evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injections at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289 and 296.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FACET INJECTIONS DIAGNOSTIC

Decision rationale: The request for facet injections at L4-5 and L5-S1 is non-certified. The Official Disability Guidelines recommend the use of facet injections for patients with pain that is non-radicular and is facet mediated. The documentation submitted for review indicated the patient had radiculopathy. The physical examination findings noted the patient to have decreased deep tendon reflexes, positive straight leg raise, and decreased sensation over the left anterior and posterior leg. Therefore, the use of facet injection is not supported. Given the information submitted for review, the request for facet injections at L4-5 and L5-S1 is non-certified.

A follow up for the injections: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the facet injections are not supported, the adjunct of a follow-up appointment for the injections is not supported.

Cognitive behavioral therapy and biofeedback therapy (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Behavioural Interventions, page 23..

Decision rationale: The request for cognitive behavioral therapy and biofeedback therapy (6 sessions) is non-certified. The documentation submitted for review indicated the patient was participating in psychological care for stress, anxiety, and depression related to pain. The California MTUS Guidelines recommend behavioral therapy for patients with risk factors for delayed recovery, including fear avoidance beliefs. The documentation submitted for review indicated the patient had previously participated in cognitive behavioral therapy. However, the documentation submitted for review did not contain objective functional improvement to warrant additional sessions. The California MTUS Guidelines state additional sessions are supported with evidence of objective functional improvement. It is additionally noted that the request does not specify the duration of treatment. The duration of treatment is important in assuring a timely re-evaluation of the patient and modification of treatment to insure patient progress. Given the information submitted for review, the request for cognitive behavioral therapy and biofeedback therapy (6 sessions) is non-certified.