

Case Number:	CM13-0040421		
Date Assigned:	12/20/2013	Date of Injury:	12/30/2011
Decision Date:	05/13/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/10/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, chiropractic manipulative therapy, and aquatic therapy; and extensive periods of time off of work. In a Utilization Review Report of September 13, 2013, the claims administrator denied a request for pain management consultation and treatment and denied request for facet joint injection therapy. The applicant's attorney subsequently appealed. A June 17, 2012 Medical Legal Evaluation is notable for comments that the applicant has not worked since the date of injury. In a September 19, 2013 appeal letter, the applicant's orthopedist states that a pain management consultation is being sought to consider facet joint injection therapy against the off chance that the applicant's pain is in fact facetogenic in nature. It is stated that the applicant does have low back pain which is worsened by flexion and extension. A September 5, 2013 progress note is notable for comments that the applicant reports ongoing low back pain radiating to the legs with numbness about the right thigh noted. The applicant was asked to remain off of work, on total temporary disability, and consider lumbar facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT CONSULTATION AND TREATMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS CHAPTER (ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 7) PAGE 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether specialist evaluation is necessary. In this case, the employee's longstanding pain complaints, failure to respond favorably to earlier nonoperative and operative treatment in the form of time, medications, physical therapy, etc., taken together, should lead the primary treating provider to consider evaluation and treatment with physicians specializing in chronic pain. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

LUMBAR FACET JOINT INJECTIONS LEFT L3-L4 AND L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted Guidelines in Chapter 12, Table 12-8, page 309, the ACOEM position on facet joint injections, both diagnostic and/or therapeutic, is "not recommended." In this case, it is further noted that there is some lack of diagnostic clarity. It is stated that the employee has lumbar radiculopathy and has ongoing complaints of low back pain radiating to legs, arguing against the presence of facetogenic pain for which facet joint blocks could be considered. Therefore, the request is not certified both owing to the lack of diagnostic clarity here as well as owing to the unfavorable ACOEM recommendation.