

Case Number:	CM13-0043610		
Date Assigned:	12/27/2013	Date of Injury:	09/16/2011
Decision Date:	09/05/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old with a work injury dated 9/16/11. The diagnoses include lumbago; lumbar radiculitis/ radiculopathy; lumbar spondylosis. There is a primary treating physician report dated 8/14/13 that states that on physical exam the patient is not wearing lumbar-sacral orthosis back brace today. The patient had tenderness with palpation over the bilateral lumbar paraspinal musculature/ tenderness to palpation over lumbar facet Joints. The patient had a positive seated root test at 40 degrees bilaterally. Per documentation the patient received a LESI at (L5-S1) on 5/2/12 without relief and lumbar (bilateral L4-S 1) facet joint injections times 2 on 7/25/12 and 10/3/12. The injections on 10/3/12 provided 50 percent relief for 6 weeks. Patient's first lumbar (bilateral L3-S 1) facet joint radiofrequency thermo coagulation (RTTC) on 5/24/13 provided 70 percent relief for 2 weeks, 50 percent relief with increased functioning after 3 months. The patient had benefited from facet joint injections, and requested a repeat injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR FACET JOINT INJECTIONS WITH SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back:Facet joint medial branch blocks (therapeutic injections); Facet joint pain, signs & symptoms; Facet joint diagnostic blocks (injections).

Decision rationale: Bilateral lumbar facet joint injections with sedation are not medically necessary per the ACOEM MTUS and the ODG Guidelines. The ACOEM states that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Facet joint pain, signs & symptoms should not include radicular symptoms. The documentation indicates that the patient has radicular symptoms and therefore a facet injection is not appropriate. The request for bilateral lumbar facet joint injections with sedation is not medically necessary.

FOLLOW -UP OFFICE VISIT WITH PAIN MANAGEMENT X3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Office visits.

Decision rationale: Follow up office visit for pain management x3 is not medically necessary per the MTUS and ODG guidelines. The ODG recommends office visits as medically necessary and states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The MTUS states that fluctuations are likely to occur in the natural history of patients with chronic pain. Exacerbations and "breakthrough" pain may occur during the chronic clinical course and adjustments to the treatment will be necessary. Although it is not unreasonable for this patient to see a specialist one time for alternative treatments, the request for 3 visits is not medically necessary. The request is not clear on why the patient would require three office visits and therefore the request for follow up office visit for pain management x3 is not medically necessary.