MAXIMUS Federal Services

Case Number:	CM13-0044424		
Date Assigned:	12/27/2013	Date of Injury:	03/26/2012
Decision Date:	06/05/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	10/29/2013

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 Interventional Spine 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 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 47-year-old female with a date of injury of 03/28/2012. The listed diagnoses per [redacted] are HNP L4-L5 and L5-S1 with stenosis, lumbar radiculopathy and right shoulder impingement/bursitis. According to report dated 10/03/2013 by [redacted], the patient presents with ongoing low back pain and right lower extremity complaints. The patient rates her pain 5/10 on the pain scale. She also reports radiation of pain down her right leg into her hamstring and occasional numbness into her foot. The patient has ongoing follow-up appointments with [redacted] for pain management. He is recommending medial branch blocks of the lumbar spine. The patient also has ongoing follow-ups with [redacted] for general orthopedic complaints. Examination revealed tenderness to palpation to the lumbar paraspinal, right much worse than left, increased pain with extension, positive tenderness to palpation of the facet joints. Range of motion of the lumbar spine is decreased in all planes. Lower extremity sensation is intact bilaterally. Motor exam is 5-/5 right tibialis anterior, EHL. Treatment plan is for diagnostic medial branch blocks to the right L3, L4, and L5 by [redacted]. Treating physician also recommends ongoing follow-ups with [redacted] for pain management and [redacted] for general orthopedic complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT DIAGNOSTIC MEDIAL BRANCH BLOCK AT L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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), Pain Chapter, Facet Block Section.

Decision rationale: The California ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radiofrequency ablations on page 300 and 301. The Official Disability Guidelines (ODG) also supports facet diagnostic evaluations for patient presenting with paravertebral tenderness with non-radicular symptoms. In this case, physical examination revealed low back and right lower extremity complaints. The patient reported radiation of pain down the leg into her hamstring and foot with occasional numbness. Furthermore, the patient has HNP at L4-5 and L5 to S1 with stenosis and radiculopathy. The ODG only recommends facet blocks for non-radicular symptoms. The request is not medically necessary or appropriate.

RIGHT DIAGNOSTIC MEDIAL BRANCH BLOCK AT L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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), Pain Chapter, Facet Block Section.

Decision rationale: The California ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radiofrequency ablations on page 300 and 301. The Official Disability Guidelines (ODG) also supports facet diagnostic evaluations for patient presenting with paravertebral tenderness with non-radicular symptoms. In this case, physical examination revealed low back and right lower extremity complaints. The patient reported radiation of pain down the leg into her hamstring and foot with occasional numbness. Furthermore, the patient has HNP at L4-5 and L5 to S1 with stenosis and radiculopathy. The ODG only recommends facet blocks for non-radicular symptoms. The request is not medically necessary or appropriate.

RIGHT DIAGNOSTIC MEDIAL BRANCH BLOCK AT L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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), Pain Chapter, Facet Block Section.

Decision rationale: The California ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well as radiofrequency ablations on page 300 and 301. The Official Disability Guidelines (ODG) also supports facet diagnostic evaluations for patient presenting with paravertebral tenderness with non-radicular symptoms. In this case, physical examination revealed low back and right lower extremity complaints. The patient reported radiation of pain down the leg into her hamstring and foot with occasional numbness. Furthermore, the patient has HNP at L4-5 and L5 to S1 with stenosis and radiculopathy. The ODG only recommends facet blocks for non-radicular symptoms. The request is not medically necessary or appropriate.

PAIN MANAGEMENT FOLLOW-UP VISIT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: For follow up visits, ACOEM chapter 12 page 303 states, "Patients with potentially work-related low back complaints should have follow up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." Given the patient's continued complaints of radicular pain and chronic opioid intake a follow up visit is recommended. The request is medically necessary and appropriate.

ORTHOPEDIC FOLLOW-UP VISIT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: For follow up visits, ACOEM chapter 12 page 303 states, "Patients with potentially work-related low back complaints should have follow up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." Given the patient's continued complaints of low back pain with radiculopathy, a follow up visit with an orthopedic specialist may be warranted. The request is medically necessary and appropriate.