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| Case Number: | CM13-0047509 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 03/15/2002 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 10/31/2013 |
| Priority: | Standard | Application Received: | 11/04/2013 |

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 58-year-old female who reported an injury on 03/15/2002. The mechanism of injury was not provided in the medical records. The patient's diagnoses include status post lumbar fusion, lumbar radiculopathy, lumbar herniated nucleus pulposus, and facet arthropathy. Her symptoms were noted to include low back pain with radiation of pain and numbness down her bilateral lower extremities to her feet. Her physical examination findings are noted to include positive facet provocation test bilaterally at L2-3, decreased sensation in the right L5-S1 dermatomes, and decreased motor strength in the left TA, EHL, inversion, and plantar flexion and in the right lower extremity in the quadriceps, hamstrings, TA, EHL, inversion, plantar flexion, and eversion. The patient was noted to be participating in a home exercise program and was taking pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral L2-L3 medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks (injections) Section.

Decision rationale: According to the Official Disability Guidelines, diagnostic facet joint injections may be recommended for patients with chronic pain who have been shown to have a clinical presentation consistent with facet joint pain, after at least 4 to 6 weeks of conservative treatment, and when patients have low back pain that is nonradicular. The clinical information submitted for review indicates that the patient has positive facet provocation tests bilaterally at L2-3. However, the patient's objective findings include clinical indications consistent with radiculopathy bilaterally. Additionally, the patient has a diagnosis of radiculopathy. As the patient was noted to have decreased motor strength in myotomes associated with the L2-3 level, the request for facet joint injections/medial branch blocks is not supported by guidelines as this diagnostic procedure is not recommended for patients with radiculopathy. The request for a bilateral L2-L3 medial branch block is not medically necessary or appropriate.

psychological consultation: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, psychological evaluations are generally accepted diagnostic procedures for use in patients with chronic pain. Psychological evaluations should determine if further psychosocial interventions are indicated. The clinical information submitted for review indicates that the patient does have a sleep disturbance due to pain. It was also noted that the patient received a Qualified Medical Evaluation in which it was recommended that she have a pain psychological consultation. As the guidelines indicate that psychological evaluations are generally accepted, well established diagnostic procedures for patients with chronic pain, the request is supported by guidelines. The request for a psychological consultation is medically necessary and appropriate.