MAXIMUS Federal Services

Case Number:	CM13-0053465		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2012
Decision Date:	03/24/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 patient is a 67-year-old male who reported an injury on 08/03/2012. The mechanism of injury involved a motor vehicle accident. The patient is currently diagnosed with displacement of cervical intervertebral disc, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc, spinal stenosis in the cervical region, cervical facet joint hypertrophy, lumbar facet joint hypertrophy, displacement of thoracic intervertebral disc, spinal stenosis, displacement of lumbar intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, headache, dizziness, dysthymic disorder, and insomnia. The patient was seen by [redacted] on 10/16/2013. The patient reported ongoing pain over multiple areas of the body. Physical examination revealed positive Kemp's testing and facet loading maneuver bilaterally, noted sensory deficit in the lower hip corresponding to the L3 dermatome, noted sensory deficit of the posterior anterior left lower extremity corresponding to the S1 dermatome, decreased range of motion, motor deficit on the left, and severe paraspinal tenderness to palpation from L1 through S1. The treatment recommendations included an additional lumbar epidural steroid injection as well as lumbar facet joint block at L3 through S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet joint block at the medial branch at levels L3, L4, L4-L5, L5-S1 bilaterally:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint Diagnostic Block

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines (ODG) state clinical presentation should be consistent with facet joint pain, signs and symptoms. As per the documentation submitted for review, there is no evidence of a recent failure of conservative treatment including home exercise, physical therapy, and NSAIDs Nonsteroidal anti-inflammatory drugs. The patient demonstrated diminished sensation and weakness on physical examination. Facet joint injections are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. Based on the clinical information received, the request is non-certified.

Internal medicine specialist clearance prior to the above procedures: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As the patient's abovementioned procedure has not been authorized, the current request for specialist clearance prior to the procedure is also not medically necessary. Therefore, the request is non-certified.

Psychological evaluation prior to the above procedures: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As the patient's abovementioned procedure has not been authorized, the current request for specialist clearance prior to the procedure is also not medically necessary. Therefore, the request is non-certified.