

Case Number:	CM13-0054967		
Date Assigned:	12/30/2013	Date of Injury:	07/18/2006
Decision Date:	05/06/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 45 year-old female with a date of injury on 7/18/2006. Diagnoses are of lumbar intervertebral disc disease without myelopathy L2-S1, spinal stenosis L2-L5, lumbar facet arthropathy L3-4, and displacement of cervical intervertebral disc. Subjective complaints are of constant pain in shoulders, neck, upper back, and lower pain. Pain radiates to left thigh and left toe. Physical exam of the lumbar spine includes, positive bechterew's, valsalva, kemps, and heel and toe walk tests. There is positive straight leg raise test, absent knee reflexes, sensory deficit in L1-L3 dermatomes, and motor deficit in L1-S1 myotomes. There is moderate tenderness, and decreased lumbar range of motion. Previous treatments have included physical therapy, and medications. Submitted documents indicate the patient underwent 2 diagnostic lumbar ESI and medial branch block at L3-4, L4-L5 at the same time as the second epidural steroid injections. The documentation is not clear if patient had one or two previous medical branch facet blocks.

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 medial branch bilateral L3-4, L4-5: Upheld

Claims Administrator 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), DIAGNOSTIC BLOCKS FOR FACET NERVE BLOCKS, PAGE 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, FACET JOINT PAIN, FACET JOINT INJECTIONS.

Decision rationale: For this patient, there is evidence of radicular signs with a positive straight leg raise test, decreased reflexes, and dermatomal and myotomal findings suggestive of radiculopathy. Therefore, symptoms do not meet criteria for facet joint pathology. Furthermore, patient has had previous facet medial branch blocks at the same level, which would make further blocks questionable. Therefore, the medical necessity of facet joint medial branch blocks is not established.

Possible rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES,RADIOFREQUENCY NEUROTOMY, PAGE 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, FACET JOINT RADIOFREQUENCY NEUROTOMY.

Decision rationale: ACOEM guidelines indicate there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled medial branch diagnostic blocks. The ODG suggests rhizotomy is under study for facet joints in the lumbar spine, and criteria requires a diagnosis of facet joint pain, and evidence of successful diagnostic blocks. As discussed, this patient does not have objective findings that are consistent with facet joint pain. Also previous facet blocks were done concurrently with an epidural steroid injection which would make improvement difficult to quantify. Therefore, the medical necessity of a rhizotomy is not established.

Psychological evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATION Page(s): 100-102. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, FACET JOINT INJECTIONS, PSYCHOLOGICAL SCREENING.

Decision rationale: For this patient, prior steroid injections have been utilized with appropriate results thus negating psychological factors as a deterrent to pain relief. There is no submitted documentation that showed evidence of need for a psychological evaluation at this point in the

patient's ongoing care. Therefore, the medical necessity for a psychological evaluation is not established.

Internal medicine clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 7, PAGE 127. OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, OFFICE VISITS. OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: . ACC/AHA 2007 GUIDELINES PERIOPERATIVE

Decision rationale: Submitted documentation does not indicate that patient has any chronic systemic diseases or significant co-morbidities. This patient also has already received multiple injections successfully, and without complications. Submitted documentation also does not offer rationale for wanting a determination of medical clearance. Therefore, an internal medicine clearance is not medically necessary.