

Case Number:	CM13-0062067		
Date Assigned:	12/30/2013	Date of Injury:	07/24/2009
Decision Date:	05/09/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/06/2013

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 Orthopedic Surgery 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 injured worker is a 52-year-old female who reported an injury on 07/24/2009. The mechanism of injury was not provided for review. The injured worker ultimately underwent L2-5 fusion with removal of hardware in 01/2012. The injured worker was evaluated on 10/29/2013. It was documented that x-rays revealed a solid fusion down to the L5 bilaterally with facet arthropathy at the L5-S1. It was documented that the injured worker had previously undergone epidural steroid injections that did not provide pain relief. It was documented that the injured worker had a mobile segment at the L5-S1 with localized tenderness to the bilateral region. The injured worker's diagnoses included a lumbar strain, a history of a T3-L2 posterior fusion, a history of an L1-2 fusion, and a history of an L2-5 fusion with evidence of L5-S1 facet arthropathy. The injured worker's treatment recommendations included a medial branch block at the L5-S1 to determine the injured worker's appropriateness for a radiofrequency ablation at the L5-S1 medial branch.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5-S1 FACET 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, LOW BACK CHAPTER

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 INJECTIONS (DIAGNOSTIC)

Decision rationale: The requested bilateral L5-S1 facet block is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address diagnostic facet injections. The Official Disability Guidelines do not recommend facet blocks at fused sites. As the clinical documentation indicated that the injured worker was fused from the L2 to the L5, the safety of a medial branch block diagnostic test at the L5-S1 is not supported. Additionally, the Official Disability Guidelines recommend medial branch blocks for facet-mediated pain upon evaluation. The clinical documentation submitted for review did not clearly indicate that the physical examination findings supported facet-mediated pain at the L5-S1 level. Therefore, a bilateral L5-S1 facet block is not medically necessary or appropriate.

PAIN MANAGEMENT CONSULTATION: Upheld

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

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

Decision rationale: The requested pain management consultation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends referrals to specialized physicians when treatment extends outside of the prescribing provider's scope of practice. However, the clinical documentation does not support that the injured worker is a candidate for a medial branch block. Additionally, it is noted within the documentation that the injured worker was previously seen by a pain management specialist who determined that no further treatment would benefit this injured worker. As such, the requested pain management consultation is not medically necessary or appropriate.