

Case Number:	CM14-0000493		
Date Assigned:	01/17/2014	Date of Injury:	07/10/2011
Decision Date:	06/06/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 & Rehabilitation 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 case involves a 45 year-old female with a 7/10/2011 industrial injury claim. She has been diagnosed with chronic lumbar sprain; chronic facet syndrome; and left lower extremity symptoms due to the above. According to the 12/12/13 chiropractic report from [REDACTED], the patient presents with low back pain radiating to the left leg, front and lateral thigh, left groin to the knee. The patient also has right shoulder and right wrist pain, as well as insomnia. There is a pain management report from [REDACTED], dated 12/11/13 stating the patient is post- bilateral L4/5 and L5/S1 facet injections last week and had 2-3 days of over 80% relief. Unfortunately, the procedural report was not provided for this IMR. On 12/24/13 UR recommended against the lumbar RFA and an orthopedic consultation for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR RF THERMAL COAGULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter Facet joint radiofrequency neurotomy.

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).

Decision rationale: There is a pain management report within the medical records provided for review indicating that the patient had facet injections a week ago and had 2-3 days of 85% relief. The procedural report, however, was not included within the medical records provided for review. It is unclear if the pain relief was consistent with the unknown anesthetic agent. It may or may not be a positive facet evaluation. It is not known if IV sedation was used, or if the patient was taking any pain medications. There were no VAS listings before or after the procedure. ODG Guidelines do not recommend the diagnostic facet evaluations if there are radicular symptoms, which this patient was reported to have. ACOEM Guidelines does not recommend RFA procedures for the lumbar spine. The request for lumbar RF thermal coagulation is not in accordance with ACOEM Guidelines or the ODG. The request is not medically necessary and appropriate.

ORTHO CONSULT OF RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: ACOEM Guidelines states a shoulder consultation may be indicated if there were red-flag conditions, activity limitation for over 4 months and existence of a surgical lesion; failure to increase ROM or strength; and clear clinical and imaging evidence of a lesion that could benefit from surgical repair. The report did not list any shoulder ROM deficits, or weakness or red-flag conditions. There was no discussion of imaging findings of a potential surgical lesion, or exam findings suggestive of any condition that may require surgical intervention. The request for the orthopedic consultation on the shoulder without a physical examination or rationale is not in accordance with ACOEM guidelines. The request is not medically necessary and appropriate.