

Case Number:	CM14-0008124		
Date Assigned:	02/28/2014	Date of Injury:	10/06/2009
Decision Date:	06/16/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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:

This is a 67-year-old female patient who sustained an industrial injury on 6/4/04, injuring her head, neck, back and bilateral shoulders while carrying a student on a stretcher down a flight of stairs. The progress note dated September 30, 2013 revealed subjective complaints of pain and stiffness in the lumbar spine which radiates into the left lower extremity. On physical examination, there was tenderness to palpation with moderate myospasm and guarding of the bilateral paravertebral musculature. Lumbar range of motion was restricted. The plan was to perform electroacupuncture, myofascial release, infrared, and cupping.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L2-L3, L3-L4, L4-L5 AND L5-S1:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The California MTUS guidelines note that epidural injections can be considered when there is documentation of objective radiculopathy on physical examination,

corroborating with diagnostic imaging, and failure of conservative measures. In this case, there are no objective findings on examination indicative of radiculopathy, and there were no corroborative imaging studies included for review. The most recent physical examination documented tenderness to palpation and reduced range of motion to the lumbar spine. There is no evidence of strength or sensation deficits in a dermatomal distribution. There were no diagnostic imaging studies included for review to corroborate radiculopathy. It is further noted that guidelines support no more than two levels be performed in one sitting; this current request exceeds this recommendation. As such, the request is not medically necessary.

LUMBAR FACET JOINT BLOCK AT MEDIAL BRANCH LEVELS L1-L2, L2-L3, L3-L4, L4-L5 AND L5-S1 BILATERALLY: 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

Decision rationale: The MTUS/ACOEM guidelines do not address this issue, so the Official Disability Guidelines (ODG) were used instead. The ODG states that facet joint injections are recommended, but no more than one set of medial branch diagnostic blocks should be given prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Guidelines recommend no more than two joint levels be performed in one sitting, and the current request is noted to be for five joint levels bilaterally, which would essentially negate any possible diagnostic value. It is also noted that the patient reports radicular pain, and guidelines state that facet joint blocks are limited to patients with low-back pain that is non-radicular. As such, the request is not medically necessary.

RHIZOTOMY: Upheld

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

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

Decision rationale: The MTUS/ACOEM guidelines do not address this issue, so the Official Disability Guidelines (ODG) were used instead. The ODG states that treatment with radiofrequency neurotomy requires a diagnosis of facet joint pain using a medial branch block. In this case, a diagnostic medial branch block has not been performed following guideline criteria (no more than two joint levels performed, no IV sedation, no more than 0.5 cc injectate used at each level) to confirm facet mediated pain. Therefore, proceeding to radiofrequency neurotomy cannot be established as medically necessary.

INTERNAL MEDICINE CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 117.

Decision rationale: ACOEM guidelines state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Documentation does not support the need of additional specialist involvement with internal medicine clearance in the current clinical setting, lacking objective findings to suggest co-morbidities that would require medical clearance for a routine injection. Additionally, the injection is not considered medically necessary, and thus medical clearance is not medically necessary.

PSYCHOLOGICAL EVALUATION: Upheld

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 (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 117

Decision rationale: ACOEM guidelines state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Documentation does not support the need of additional specialist involvement with psychological clearance in the current clinical setting, lacking objective findings to suggest evidence of psychological co-morbidities that would require psychological clearance for a routine injection. Additionally, the injection is not considered medically necessary, and thus psychological clearance is not medically necessary.