MAXIMUS Federal Services

Case Number:	CM14-0012171		
Date Assigned:	02/21/2014	Date of Injury:	08/19/2013
Decision Date:	07/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational 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:

The patient is a 40-year-old female who has submitted a claim for lumbar muscle strain, spasm and some objective radiculitis; and facet arthropathy, possible facet pathology associated with an industrial injury date of August 18, 2013. Medical records from 2013-2014 were reviewed. Some of it were handwritten and illegible. The patient complained of low back pain, grade 6/10 in severity. The pain was characterized as dull and aching. It radiates to the right buttock and leg. Physical examination showed tenderness over the lumbar spine with extension of 10 degrees in the back and along the facets. There was limited range of motion of the lumbar spine with forward flexion and extension. Straight leg raise test was negative on both extremities. Motor strength and sensation was intact. MRI of the lumbar spine, dated October 12, 2013, revealed mild degenerative changes of the facet joints at L4-L5. Treatment to date has included medications, physical therapy, home exercise program, TENS, and activity modification.Utilization review, dated January 16, 2014, modified the request for facet block and acupuncture 2 x 3 weeks for the low back to acupuncture 2 x 3 to the low back because an initial trial was supported to establish efficacy. With regards to facet block, it was non-certified because there was noted radicular pain, no description of spinal level, no documentation of failed conservative therapy, and no formal plan of activity and exercise in addition to the treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCK AND ACUPUNCTURE 2 X 3 WEEKS FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: Page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS states that facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines state that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. Regarding facet blocks, the documented rationale for the request is that the pain in the back seems to be focused on the facets. Progress report dated December 19, 2013 states that she has radicular symptoms on occasion. Radiculopathy is an exclusion criterion for medial branch blocks. There was also no documentation of failure of conservative treatment. Furthermore, the spinal level of the present request was not specified. The guideline criteria have not been met. With regards to acupuncture,there is no documentation regarding use or intolerance to medications,as well as a treatment plan addressing specific functional benefits. Furthermore, its use should be coupled with an active physical treatment modality to better provide clinical benefit. There is no clear rationale for acupuncture sessions at this time.Therefore, the request for facet block and acupuncture 2 x 3 weeks for the low back is not medically necessary.