

Case Number:	CM14-0019916		
Date Assigned:	04/25/2014	Date of Injury:	02/04/2008
Decision Date:	07/07/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/18/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 4, 2008. The applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; long-acting opioids; muscle relaxants; psychotropic medications; epidural steroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated February 6, 2014, the claims administrator denied a pain psychology evaluation prior to pursuit of a proposed spinal cord stimulator and denied diagnostic lumbar facet blocks. The claims administrator denied the pain psychology evaluation on the grounds that the applicant did not appear to have radicular pain for which a spinal cord simulator would be indicated. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated April 22, 2013, the applicant was described as having persistent low back pain complaints with radiation of pain to the left leg at that point in time. A lumbar MRI dated February 11, 2013, was notable for multilevel degenerative changes of uncertain clinical significance. In an earlier medical-legal evaluation of December 19, 2012, the applicant was given a 20% whole-person impairment rating. It did not appear that the applicant had had prior spine surgery. A November 22, 2013, progress note is notable for comments that the applicant reported persistent low back pain radiating to the left leg. The applicant was on Vicodin and Soma, it was noted. Limited lumbar range of motion was noted with decreased sensorium appreciated about the left leg. It was stated that the applicant had had request for a spine surgery which had been denied by the claims administrator. The applicant was asked to consult a pain specialist/pain psychologist while remaining off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN PSYCHOLOGY EVALUATION AND TESTING FOR SPINAL CORD

STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPINAL CORD STIMULATORS Page(s): 105-107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: While page 101 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does recommend precursor physiological evaluations prior to implantation of intrathecal drug delivery symptoms and spinal cord stimulator trials, in this case, however, the applicant does not appear to meet criteria for spinal cord stimulator implantation as established on page 107 of the MTUS Chronic Pain Medical Treatment Guidelines. Some of the diagnoses for which spinal cord stimulators are effective, the MTUS notes, include failed back syndrome, complex regional pain syndrome, post amputation pain, post herpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. In this case, however, the applicant does not appear to have had any prior spine surgery. The applicant does not seemingly carry any of the other diagnoses, such as complex regional pain syndrome, post amputation pain, post herpetic neuralgia, spinal cord injury, multiple sclerosis, peripheral vascular disease, etc. The applicant, it is noted on several occasions above, has attempted to pursue spine surgery; however, the requests for spine surgery have been consistently denied by the claims administrator. Since the applicant does not meet criteria for pursuit of a spinal cord stimulator implantation, the proposed precursor pain psychology evaluation and testing are not medical necessary.

DIAGNOSTIC BILATERAL LUMBAR FACET JOINT INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines in Chapter 12, page 309, facet joint injections, both diagnostic and therapeutic, are deemed "not recommended." ACOEM Chapter 12, page 300 goes on to note that facet joint injections are of questionable merit and further states that quality literature does not exist regarding facet joint injections in the lumbar region. In this case, it is further noted there is considerable lack of diagnostic clarity. The applicant has been given a diagnosis of lumbar radicular pain and, furthermore, reports low back pain radiating to the left leg and has also been given a diagnosis of low back pain secondary to degenerative disk disease.

Accordingly, the request is not medically necessary both owing to the lack of diagnostic clarity present here and owing to the tepid-to-unfavorable ACOEM recommendations.