

Case Number:	CM14-0151961		
Date Assigned:	09/19/2014	Date of Injury:	01/31/2007
Decision Date:	10/23/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/12/2014

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:

This is a 64 year old male with a 1/31/2007 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/14/14 noted subjective complaints of low back and RLE pain. Objective findings included lumbar tenderness to palpation. MRI lumbar spine 2/5/14 showed mild to moderate bilateral L4-5 neural foraminal impingement. EMG/NCV 8/2013 showed L4, L5, S1 radiculopathy. The patient has had prior ESI and SI joint injections without benefit. Diagnostic Impression: lumbar radiculopathy, low back pain with unclear generator Treatment to Date: facet block and RFA, medication management A UR decision dated 8/26/14 modified the request for pain management consult with [REDACTED] certifying 1 visit. The patient had low back pain with neurological deficit. He also has had SI joint injection with no pain relief. It also modified request for facet blocks, certifying bilateral L4-5 facet block. There is positive tenderness to palpation in paravertebral region. It denied consideration for radiofrequency ablation. In this case the outcome of the facet injection is needed prior to being able to establish medical necessity of RFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult with [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 page 127, 156 Official Disability Guidelines (ODG) pain chapter

Decision rationale: CA MTUS states that consultations are "recommended, and a 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." The patient has chronic, persistent low back pain that has been refractory to prior SI and ESI treatment. The primary treating physician states that the pain is still from an uncertain generator. Additional expertise would be of benefit. Therefore, the request for pain management consult with [REDACTED] is medically necessary.

Facet Blocks: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, Medial Branch Blocks

Decision rationale: CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG states that medial branch blocks are not "recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session." However, the patient carries a diagnosis of lumbar radiculopathy and has prior electrodiagnostic studies which show radiculopathy. Additionally, there is no clear documentation of failure of conservative management. Therefore, the request for facet blocks is not medically necessary.

Consideration of Radiofrequency Ablation: 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

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) low back chapter

Decision rationale: CA MTUS states that facet neurotomies "should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." In addition, ODG criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and

evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. However, there is no documentation of the patient having undergone prior diagnostic medial branch blocks. A positive response to a diagnostic block precedes consideration for RFA. Therefore, the request for consideration of radiofrequency ablation is not medically necessary.