MAXIMUS Federal Services

Case Number:	CM14-0156993		
Date Assigned:	09/29/2014	Date of Injury:	05/08/2002
Decision Date:	10/31/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 41-year-old male with a date of injury of 05/08/2002. The listed diagnoses per [redacted] are:1. Status post L5 to S1 laminectomy and diskectomy for right leg sciatica, 2007.2. Multilevel degenerative disk disease, lumbar spine.3. Disk herniation at L3 to L4 and L5 to S1 with possible annular tear at L5 to S1.4. Nerve root impingement at L5 and S1 to the right.5. Facet arthropathy, L4 to L5 and L5 to S1.According to progress report 08/26/2014, the patient presents for pain management consultation and consideration of a repeat radiofrequency ablation at L4 to L5 and L5 to S1 bilaterally. Review of the medical file indicates the patient underwent a facet block at L4 to L5 and L5 to S1 bilaterally on 08/27/2014, and RF ablation at L4, L5, and S1 on 11/26/2012, lumbar epidural injection on 01/14/2013, and a TESI on 05/12/2014. The patient complains of constant left-sided low back pain that goes down the back of his right leg to his foot. Examination revealed well-healed surgical scar in the lumbosacral region. There was tenderness and guarding in the lumbar paraspinal musculature. Range of motion is decreased secondary to pain. The treater is requesting a facet block at right L4 to L5 and L5 to S1, facet block at left L4 to L5 and L5 to S1 and 1 outpatient center. Utilization review denied the request on 09/15/2014. Treatment reports from 03/27/2013 through 08/26/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) facet blocks at right L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: This patient presents with constant low back pain with numbness into his legs. Treating Physician states that Treating Physician recommended that the patient undergo a repeat radiofrequency ablation from L5 to S1. [redacted] states that he is in agreement with Treating Physician; however, "since a significant amount of time has passed since the RFA at this time, I will request authorization to perform repeat diagnostic facet blocks at L4 to L5 and L5 to S1 bilaterally to once again identify that these levels are his pain generators." ACOEM Guidelines do not discuss facet injections for treatment, but do discuss dorsal medial branch block as well as radiofrequency ablation on page 300 and 301. ODG Guidelines also support facet diagnostic evaluation for patients presenting with paravertebral tenderness with non-radicular symptoms. In this case, the patient has radicular symptoms. Furthermore, ODG only allows for "one set of diagnostic medial branch blocks." The requested repeat diagnostic block is not medically necessary.

One (1) facet blocks at Left L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic Acute & Chronic Chapter

Decision rationale: This patient presents with constant low back pain with numbness into his legs. Treating Physician states that Treating Physician recommended that the patient undergo a repeat radiofrequency ablation from L5 to S1. Treating Physician states that he is in agreement with Treating Physician; however, "since a significant amount of time has passed since the RFA at this time, I will request authorization to perform repeat diagnostic facet blocks at L4 to L5 and L5 to S1 bilaterally to once again identify that these levels are his pain generators." H requesting a diagnostic facet block and 1 outpatient surgical center. ACOEM Guidelines do not discuss facet injections for treatment, but do discuss dorsal medial branch block as well as radiofrequency ablation on page 300 and 301. ODG Guidelines also support facet diagnostic evaluation for patients presenting with paravertebral tenderness with non-radicular symptoms. In this case, the patient has radicular symptoms. Furthermore, ODG only allows for "one set of diagnostic medial branch blocks." The request is not medically necessary.

One (1) Outpatient Center: 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 Low Back - Lumbar & Thoracic Acute & Chronic Chapter

Decision rationale: This patient presents with constant low back pain with numbness into his legs. Treating Physician states that Treating Physician recommended that the patient undergo a repeat radiofrequency ablation from L5 to S1. [redacted] states that he is in agreement with Treating Physician however, "since a significant amount of time has passed since the RFA at this time, I will request authorization to perform repeat diagnostic facet blocks at L4 to L5 and L5 to S1 bilaterally to once again identify that these levels are his pain generators." H requesting a diagnostic facet block and 1 outpatient surgical center. ACOEM Guidelines do not discuss facet injections for treatment, but do discuss dorsal medial branch block as well as radiofrequency ablation on page 300 and 301. ODG Guidelines also support facet diagnostic evaluation for patients presenting with paravertebral tenderness with non-radicular symptoms. In this case, the patient has radicular symptoms. Furthermore, ODG only allows for "one set of diagnostic medial branch blocks." The requested repeat diagnostic block is not supported, therefore the 1 outpatient surgery center is not necessary. The request is not medically necessary.