

Case Number:	CM14-0185945		
Date Assigned:	11/13/2014	Date of Injury:	07/19/2000
Decision Date:	12/22/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/07/2014

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 Orthopedic Surgeon 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 injured worker is a 45-year-old female who reported an injury on 07/19/2000. The mechanism of injury was not submitted for clinical review. The diagnoses included degenerative disc disease, musculoligamentous strain of the cervical spine, and costosternal and costovertebral joint dysfunction mid thoracic spine, L5-S1 5 mm central disc protrusion with mild to moderate degenerative disc disease, annular tear centrally and posteriorly, status post anterior partial corpectomy and fusion of L5-S1. The previous treatments included medication, epidural steroid injections, and surgery. Diagnostic testing included an MRI of the lumbar spine on 08/09/2000 and 10/10/2000, an EMG/NCV on 04/25/2006, and an MRI dated 8/28/2014. Within the clinical note dated 10/03/2014, it was reported the injured worker complained of mid to low back pain rated 7/10 to 8/10 in severity with medication and 10/10 in severity without medication. The injured worker complained of radiating pain into the bilateral buttocks and hips rated 6/10 in severity with medication and 10/10 without medication. She complains of intermittent numbness and bilateral lateral thigh pain. The physical examination revealed the injured worker had tenderness to palpation over the midline lower lumbar spine. The injured worker had decreased sensation over the left L4, L5, and S1 dermatome distribution. The range of motion was noted to be flexion at 5+ degrees and extension at 4 degrees. The injured worker had a negative straight leg raise bilaterally. The provider noted the MRI dated 08/28/2014 revealed a 4 mm degenerative type anterolisthesis is present at L3-4 and L4-5 along with chronic multifactorial degenerative changes contributing to mild to moderate foraminal narrowing. The central spinal canal is decompressed due to posterior element approach decompressive surgical changes. The provider requested pain management consultation and facet blocks at L3-4, L4-5, and radiofrequency ablation if diagnostic from facet blocks L3-4 and L4-5 in an attempt to identify her pain generator. The request for authorization was submitted and dated 10/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation and Facet Blocks at L3-4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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), updated guidelines, Chapter 6, page 163 and on the Official Disability Guidelines (ODG), Low Back, Facet Diagnostic Blocks.

Decision rationale: In regards to consultation, the California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. In regards to facet injections, the California MTUS/ACOEM Guidelines note facet injections are not recommended. There is limited research based evidence of patients with low back complaints. In addition, the Official Disability Guidelines recommend that clinical presentation should be consistent with facet joint pain and signs and symptoms. The guidelines note facet injections are limited to patients with cervical/lumbar pain that is nonradicular and at no more than 2 levels bilaterally. The guidelines recommend that there should be documented evidence of failure of conservative treatment to include home exercise, physical therapy, NSAIDs, and no more than 2 joint levels should be injected in 1 session. The clinical documentation submitted failed to indicate the injured worker had tried and failed conservative therapy. There is lack of documentation indicating the injured worker had tenderness over the facet region. The injured worker had decreased sensation over the L4 and L5 distribution and S1 dermatomal distribution which is not a normal sensory examination. Therefore, the request for a Pain Management Consultation and Facet Blocks at L3-4 and L4-5 is not medically necessary.

Radiofrequency Ablation if Diagnostic from Facet Blocks L3-4 and L4-5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.