

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0024610 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 02/28/2006 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 02/26/2014 |

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 Surgery 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 43-year-old claimant status postindustrial injury reported on 2/28/06. The complaint is reported to be of low back pain. Lumbar spine magnetic resonance imaging (MRI) performed on 9/6/13 demonstrates multilevel changes status post fusion L3-S1. Exam note 10/8/13 demonstrates tenderness and limitation of motion in the cervical spine and paravertebral tenderness. Straight leg raise testing in the lower extremities produced low back pain. Computerized tomography (CT) scan lumbar spine from 11/22/13 demonstrates L4-S1 fusion with intact hardware. Exam note 1/7/14 demonstrates low back pain with numbness in the upper buttocks radiating down anterior thigh to shins. The request is made for hardware block at L4-S1 and if negative then recommends facet blocks and discogram at L3/4.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF NON-DIAGNOSTIC, FACET BLOCKS ARE DISCOGRAM AT L3-4 WITH RADIOFREQUENCY ABLATION (RFA) IF DIAGNOSTIC: Upheld

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

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, Facet Diagnostic injections.

Decision rationale: Regarding facet blocks the CA MTUS/ACOEM Guidelines, Chapter 12 Low Back complaints, page 300 states, Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Furthermore the Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks, states, Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. In this case, the records cited above states the provider is recommending diagnostic blocks around the hardware to ascertain if the claimant's low back pain is related to hardware issues. As this block has not been performed in the records reviewed, the decision is for facet blocks are not medically necessary.

IF FACET BLOCKS ARE NON-DIAGNOSTIC, RECOMMEND DISCOGRAM AT L3-4:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: CA MTUS/ACOEM guidelines, Chapter 12, Low back complaints, page 304 states that discography, does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. In this case, the provider is recommending a diagnostic block around the hardware prior to contemplation of a discogram. Until this diagnostic block has been performed, it is premature to recommend a discogram. In addition, the decision for discography is not recommended by the cited guidelines. Therefore the determination is for not medically necessary.