MAXIMUS Federal Services

Case Number:	CM14-0039163		
Date Assigned:	06/27/2014	Date of Injury:	10/10/2011
Decision Date:	08/19/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 53-year-old female whose date of injury is 10/10/2011. The injured worker fell off the back of a truck. Treatment to date includes anterior fusion from C5 to C7 on 05/20/13, right shoulder rotator cuff surgery in 2012, cervical epidural steroid injection x 2 (dates unknown). Lumbar MRI dated 12/23/13 revealed at L2-3 and L3-4 there is no significant spinal canal, lateral recess or neural foraminal narrowing. It was noted nerve roots are unremarkable. A progress report dated 01/28/14 indicates that diagnoses are left shoulder tendinitis, status post right shoulder rotator cuff repair, status post cervical spine fusion, thoracic and lumbar strain, multilevel disc protrusions and degenerative disc disease lumbar spine, and radiculopathy bilateral lower extremities. A request was made for bilateral facet medial branch blocks at L2, L3, and L4 and for cervical epidural steroid injection is not recommended as medically necessary during the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Medial Branch Blocks at L2, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines,Web Based Version, Low Back Complaints and Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic), (Updated 3/31/14), Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections.

Decision rationale: Based on the clinical information provided, the request for bilateral facet medial branch blocks at L2 is not recommended as medically necessary. There is no current, detailed physical examination submitted for review to establish the presence of facet-mediated pain. There is no indication that the injured worker has undergone any recent active treatment. Therefore, the requested block is not in accordance with the Official Disability Guidelines, and medical necessity is not established.

Bilateral Facet Medial Branch Blocks L3 and L4, QTY: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines,Web Based Version, Low Back Complaints and Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic), (Updated 3/31/14), Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: Based on the clinical information provided, the request for bilateral facet medial branch blocks at L3 and L4 is not recommended as medically necessary. There is no current, detailed physical examination submitted for review to establish the presence of facet-mediated pain. There is no indication that the injured worker has undergone any recent active treatment. Therefore, the requested block is not in accordance with the Official Disability Guidelines, and medical necessity is not established.

Cervical Epidural Steroid Injection to Be Determined, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: There is no current, detailed physical examination submitted for review to establish the presence of active cervical radiculopathy as required by the California MTUS Guidelines. There is no indication that the injured worker has undergone any recent active treatment. The request is nonspecific and does not indicate the level, laterality or approach to be performed. Based on the clinical information provided, the request for cervical epidural steroid injection is not recommended as medically necessary.