MAXIMUS Federal Services

Case Number:	CM14-0051559		
Date Assigned:	07/07/2014	Date of Injury:	12/21/2009
Decision Date:	09/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 51 year old female with a date of injury on 12/21/2009. Diagnoses include lumbar spine degenerative disc disease, facet spondylosis, right lower extremity radiculitis, and left knee chondromalacia. Subjective complaints are of left knee and low back pain. Physical exam shows pain in the lumbar paraspinal muscles, SI joint and along the sciatic nerve. There was a positive straight leg raise test, and absent reflexes at the ankle and knees. Medications include Norco, Motrin, Flexeril, Wellbutrin, and Lyrica. Prior lumbar discogram from 2011 showed positive findings at L3-4, L4-5, and L5-S1. Office records indicate that patient has had previous lumbar epidural injections, and medial branch blocks without relief of symptoms. Records indicate that the patient had been seen by pain management on 2/12/2014 where a medical branch block was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, OFFICE

VISITSAmerican College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CHAPTER 7, PAGE 127.

Decision rationale: ACOEM guidelines indicated that consultation can be obtained to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. This patient has chronic pain in the low back and was referred to pain management and a medical branch block was recommended. Since the medial branch block was not deemed medically necessary, a subsequent return to pain management would not be indicated. Therefore, the medical necessity of a pain management referral is not established at this time.

Lumbar medial branch blocks at L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (Official Disability Guidelines).

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 JOINT INJECTIONS.

Decision rationale: CA MTUS suggests that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The ODG states that facet joint medial branch blocks are only recommended as a diagnostic tool for consideration of the facet joint as a pain source. The ODG states that diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Treatment requires a diagnosis of facet joint pain. Injections should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. For this patient, physical exam findings are not consistent with facet mediated pain. There is also documentation of failure of prior medial branch blocks. Therefore, the requested facet joint injection is not consistent with guideline recommendations, and the medical necessity is not established at this time.