MAXIMUS Federal Services

Case Number:	CM14-0056074		
Date Assigned:	07/09/2014	Date of Injury:	05/29/2012
Decision Date:	09/09/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/25/2014

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 Medicine & Rehabilitation 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 is a 54 year old female with a 5/9/2012 date of injury. She injured herself while pulling a stove while performing cleaning and maintenance. The patient had L3-L5 medial branch blocks in 3/13. Subsequently, the patient had an L3-L5 RFA in 7/13 with mild improvement noted on a progress report in 9/13. There was no major improvement noted in 12/13 by the QME and a little benefit noted in 1/14 by another QME. A progress report dated 3/10/14 noted the patient to subjectively continue to complain of low back pain, 8/10, with radiation into the backs of the legs. Objective findings noted in 12/13 detailed physical examination include tenderness to palpation at L4-L5, normal lower extremity motor examination, normal sensory examination, and 1+ ankle and knee jerk bilaterally, and symmetric. Diagnostic Impression: lumbar degenerative disk disease, spondylosis, chronic low back pain. Treatment to Date: RFA, physical therapy, medication management. A UR decision dated 4/15/14 denied the request for inj paravert F jnt l/s 1 level. Despite the facet findings on MRI and the axial back pain, the patient had RFA of these nerves in the past with little to no benefit documented by three different providers. Doing a diagnostic block to the same nerves is not indicated as this would only lead to RFA if it provided a positive diagnostic result and the RFA was already tried and failed to help.

IMR ISSUES, DECISIONS AND RATIONALES

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

injection parvert F joint 1/s 1 level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Web Edition Thoracic and Lumbar Spine.

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 Chapter.

Decision rationale: CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. However, the patient already has previously had diagnostic medial branch blocks followed by L3-L5 RFA in 2013. In review of the records, these did not have significant benefit. Therefore it is unclear why an additional facet injection would be of benefit. Furthermore, this request does not specify which level is to be injected. Therefore, the request for Injection paravert F joint l/s 1 level was not medically necessary.