

Case Number:	CM14-0070494		
Date Assigned:	07/14/2014	Date of Injury:	03/06/2013
Decision Date:	08/21/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/15/2014

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 Management and is licensed to practice in Georgia. 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 claimant is a 62 year old female presenting with low back pain following a work related injury on 03/06/2013. MRI of the lumbar spine on 05/17/2013 showed degenerative disc bulging shallow protrusions now present at L2-3 and L3-4, moderate lateral recess stenosis on both sides of L2-3 and L3-4 without nerve root compromise, subtle 1 mm posterior disc bulge plus increasing ligamentum flavum hypertrophy resulting in mild biforaminal stenosis without nerve root impingement, increasing facet arthropathy and ligamentum flavum thickening mildly effacing the epidural fat in the lateral recess without nerve root impingement. On 4/4/2014, the physical exam showed SLR positive on the left at 60 degrees, hip flexion motor strength is 4/5 on the left, decreased sensation over the left L3, L4 and L5 dermatome distribution. The claimant had a lumbar epidural steroid injection that provided temporary relief. The claimant was diagnosed with lumbar sprain/strain, left radiculopathy, lumbar spinal stenosis, and presence of a 5 mm bulge at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation (Facet Block): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127,92,Chronic Pain Treatment Guidelines Pain management Consultation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Per CA MTUS ACOEM guidelines page 92 referral may be appropriate if the practitioner is uncomfortable with the line of increased outlined above, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan. Page 127 of the same guidelines for that state, that occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation 01 prognosis, degree of impairment or work capacity requires clarification. The claimant did not present with clinical features of facet pain; therefore the requested consultation is not medically necessary.

Facet Block L3-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Official Disability Guidelines (ODG) Low Back Complaints, Treatment Consideration.

Decision rationale: The Occupation medicine practice guidelines criteria for use of diagnostic facet blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with low back pain that is nonradicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom a surgical procedures anticipated; diagnostic facet block should not be performed patients who have had a previous fusion procedure at the plan injection level. The physical exam indicates radicular pain with SLR being positive on the left side at 60 degrees. There is lack of documentation of facet mediated pain; therefore the request is not medically necessary.