

Case Number:	CM14-0081487		
Date Assigned:	07/18/2014	Date of Injury:	03/26/2013
Decision Date:	09/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 56-year-old male with a date of injury of 03/26/2013. The listed diagnoses per [REDACTED] are: 1. Lumbago. 2. Degenerative lumbar intervertebral disk disease. 3. Neuralgia, neuritis, and radiculitis. 4. Neurogenic claudication. 5. Lumbar facet arthropathy. According to progress report 05/14/2014, the patient presents with left-sided lumbar pain and spasms. Physical examination revealed mild tenderness in the left lumbar paraspinal area. Movement moderately restricted in all directions with pain. Hypoesthesia to touch and pressure in a stocking distribution over the feet and ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet block at left L3-L4-& L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation (ODG) ODG guidelines on Lumbar Facet joint signs & symptoms.

Decision rationale: This patient presents with continued left-sided low back pain with noted spasms. The treater is requesting a lumbar facet block at left L3-L4 and L4-L5 levels. Utilization review denied the request stating the patient does not have clinical features of facet arthropathy. ACOEM Guidelines do not discuss facet injections for treatment, but do discuss dorsal medial branch block as well as radiofrequency ablation on page 300 and 301. ODG Guidelines also support facet diagnostic evaluations for patient presenting with paravertebral tenderness with non-radicular symptoms. In this case, the patient presents with deficit in the lower extremities and has a diagnosis of lumbar neuralgia, neuritis, and radiculitis. Facet block injections are not indicated for patients with radicular symptoms. Recommendation is for denial.

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: This patient presents with continued left-sided low back pain with noted spasms. The treater is requesting a medical clearance. Medical records do not clearly dictate what this medical clearance is for; however, it is presumed the treater is seeking clearance for the requested injection. MTUS page 8 does require the treating physician provide monitoring and make appropriate recommendations. In this case, the treater is requesting a medical clearance prior to the requested injection. However, MTUS guidelines pg 46, 47 does not require a medical clearance for injections. Recommendation is for denial.

Physical therapy 2x6 lumbar spine after facet block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with continued left-sided low back pain with noted spasms. The treater is requesting 12 physical therapy sessions following the facet block. The ACOEM, MTUS and ODG guidelines do not discussion physical therapy following facet block injections. For physical medicine, the MTUS guidelines page 98, 99 recommends for myalgia, myositis and neuritis 9-10 sessions over 8 weeks. The medical file does not provide treatment history. Given there is no documentation of recent physical therapy a short course may be indicated, but the treater's request for 12 sessions exceeds what is recommended by MTUS. Recommendation is for denial.