

Case Number:	CM14-0091633		
Date Assigned:	07/25/2014	Date of Injury:	04/24/1996
Decision Date:	11/04/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/17/2014

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 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:

According to the records made available for review, this is a 75-year-old male with a 4/24/96 date of injury. At the time (5/6/14) of request for authorization for facet LESI every 3 months PRN and return to clinic in 2 months, there is documentation of subjective (lower back pain with bilateral leg pain) and objective (taut band tenderness over the iliolumbar and superior trapezius) findings, current diagnoses (chronic lower back pain and chronic pain syndrome), and treatment to date (medications, chiropractic therapy, and previous epidural steroid injection (2/3/14)). Regarding facet injection, there is no documentation that no more than 2 joint levels to be injected in one session. Regarding epidural steroid injection, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection. Regarding return to clinic, there is no documentation of a rationale identifying the medical necessity of the requested follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Lesi Every 3 Months Prn: Upheld

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

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, Medial Branch Blocks (MBBs) and Epidural Steroid Injections (ESIs)

Decision rationale: Specifically regarding facet injection, MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Specifically regarding lumbar epidural steroid injection, MTUS reference to ACOEM guidelines identifies documentation of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of chronic lower back pain and chronic pain syndrome. In addition, there is documentation of failure of conservative treatment (medications and chiropractic therapy). Furthermore, given documentation of objective (taut band tenderness over the iliolumbar) findings, there is documentation of low-back pain that is non-radicular. However, specifically regarding facet injection, given no documentation of the specific level (s) to be addressed, there is no documentation that no more than 2 joint levels to be injected in one session. In addition, specifically regarding epidural steroid injection, given documentation of previous epidural steroid injection, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for facet LESI every 3 months as needed is not medically necessary.

Return To Clinic In 2 Months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of chronic lower back pain and chronic pain syndrome. However, there is no documentation of a rationale identifying the medical necessity of the requested follow-up. Therefore, based on guidelines and a review of the evidence, the request for return to clinic in 2 months is not medically necessary.

