

Case Number:	CM14-0200545		
Date Assigned:	12/10/2014	Date of Injury:	10/11/2004
Decision Date:	01/30/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/01/2014

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 Interventional Spine 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 55-year-old male with date of injury of 10/11/2004. The listed diagnoses from the 09/18/2014 report are: 1. Lumbago. 2. Facet syndrome. 3. Drug dependence, not otherwise specified. 4. L4-L5 and L5-S1 lumbar fusion, date unknown. According to this report, the patient complains of ongoing low back pain and bilateral lower extremity pain. He has had progressive worsening pain and weakness of the left leg. The patient underwent an L4-L5 and L5-S1 surgery on unknown date. However, this operative report was not made available for review. The patient reports ongoing 7/10 pain across the back described as aching and throbbing, exacerbated by prolonged standing, sitting, and improves with medications and lying down. He is currently doing pool therapy with 20% benefit. Examination of the lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine and surgical scars. Range of motion is restricted. Lumbar facet loading is positive on both sides. Straight leg raise is negative. Tight hamstrings were noted on the left compared to the right. Positive facet loading bilaterally at L3-L4 and L4-L5. There is decreased sensation in the left lateral thigh. The documents include an MRI of the lumbar spine from 05/03/2014 and treatment reports from 05/07/2014 to 11/13/2014. The utilization review denied the request on 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 and L4-L5 medial branch block: Upheld

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

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 diagnostic blocks (injections)

Decision rationale: This patient presents with low back and bilateral lower extremity pain. The patient is status post L4-L5 and L5-S1 lumbar fusion, date unknown. The treater is requesting a bilateral L3-L4 and L4-L5 medial branch block. The ACOEM Guidelines do not support facet injections for treatment, but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG Guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. Diagnostic facet blocks should not be performed in patients who have had a previous fusion. The patient underwent an L4-L5 and L5-S1 lumbar fusion based on the UR letter. In this case, the ODG criteria for facet blocks do not recommend diagnostic facet blocks for patients who have had previous fusion procedures at the injection level requested. The request is not medically necessary.

Baseline pain psych testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-102.

Decision rationale: This patient presents with low back and bilateral lower extremity pain. The patient is status post L4-L5 and L5-S1 lumbar fusion, date unknown. The treater is requesting Baseline Pain Psych Testing. The MTUS Guidelines page 100 to 102 on psychological evaluation states, "Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." The 09/18/2014 report notes that the patient is experiencing a "frustrated mood due to persistent pain." There is no diagnosis or reports of depression. The treater is requesting a P-3 BBHI-2 and 96103-Oswestry. None of the reports discuss psychological problems aside from a statement of "frustrated mood." While the MTUS guidelines support psychological evaluations, there is no indication that the patient is exhibiting significant psychological symptoms to warrant an evaluation. The current request is not medically necessary.