MAXIMUS Federal Services

Case Number:	CM14-0206736		
Date Assigned:	12/18/2014	Date of Injury:	10/05/2009
Decision Date:	02/12/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, 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 60-year-old male with a date of injury of 10/05/2009. According to progress report dated 10/25/2014, the patient presents with chronic low back pain. The treating physician states that the patient has lumbar instability and facet arthropathy at L3-L4. The patient was seen in August in which he underwent an MRI that showed fluid in the facet joints with subarticular stenosis, but no severe central stenosis was shown. The MRI of the lumbar spine report was not provided for my review. It was noted the patient does not have severe pathology to undergo major fusion at this time. His pain is under control, and he is working his usual and customary job. Examination of the lumbar spine revealed lumbar paraspinous muscle spasm and tenderness to palpation of muscles. Range of motion showed flexion 60 degrees, extension 25 degrees, right and left-side bending 25 degrees. The listed diagnosis is grade 1 spondylolisthesis L3-L4 with facet arthropathy. Treatment plan was for facet block to "see if it can relieve some of his back pain without doing any major surgery." The patient was to return back to office in 4 to 6 weeks for follow-up visit. The utilization review denied the request on 12/01/2014. Treatment reports from 07/24/2014 through 10/25/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet block at L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter regarding facet joint diagnostic blocks

Decision rationale: This patient presents with chronic low back pain. The current request is for facet blocks at L3-L4. The utilization review denied the request stating that "the claimant has no facet loading on physical examination. There is no documentation of any conservative care of home exercise program, physical therapy, or non-steroidal anti-inflammatory drugs, prior to the procedure for at least 4 to 6 weeks, as required by the guidelines." ACOEM Guidelines do not discuss facet joint syndrome, but does support medial branch diagnostic blocks on page 301. The ODG Guidelines under the low back chapter regarding facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. According to progress report dated 09/16/2014, the patient has a diagnosis of lumbar radiculitis. On 08/30/2014, the patient reported "back pain and bilateral leg pain." Progress report dated 07/24/2014 notes that the patient continues to complain of bilateral lower back pain radiating to his buttocks, hamstrings and lateral thigh. In this case, the patient presents with radicular symptoms and has a diagnosis of lumbar radiculitis. ODG states evaluation of facet joints are recommended when radicular symptoms are not present. The requested facet block at L3-L4 is not medically necessary.

ROM/RTC for 4-6 weeks: Upheld

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

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 chapter) under range of motion.

Decision rationale: This patient presents with chronic low back pain. The current request is for ROM/RTC for 4-6 weeks. The utilization review denied the request stating that "range of motion testing is not recommended as primary criteria, but as a part of a routine musculoskeletal evaluation; therefore, the request will not be supported." The ACOEM, MTUS, and ODG Guidelines do not specifically discuss range of motion or strength testing. However, ODG guidelines (low back chapter) under range of motion do discuss flexibility. The ODG Guidelines has the following, "Not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation." ODG consider examination such as range of motion part of a routine musculoskeletal evaluation, and the treating physician does not explain why a range of motion test is requested as a separate criteria. It should be part of an examination performed during office visitation. In regards to the return to clinic in 4 to 6 weeks request, follow-up care is supported by ACOEM Guidelines; however, the request for return to clinic with specific criteria of measuring range of motion is not supported. The requested ROM/RTC is not medically necessary.