

Case Number:	CM14-0207089		
Date Assigned:	12/19/2014	Date of Injury:	03/21/2014
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
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 58-year-old female with a date of injury of 03/21/2014. According to progress report dated 08/18/2014, the patient was involved in a motor vehicle accident and reports onset of low back and right leg pain. She has been treated with physical therapy and chiropractic treatments, without significant improvement in her symptoms. The patient complains that the pain radiates into the right leg and is rated a 6-10/10 on the VAS. It was noted the patient's current medications include PTSD-related medications, multivitamins, and vitamin D supplement. The patient was prescribed Anaprox DS 550 mg. Examination of the lumbar spine and lower extremities revealed palpable tenderness over the midline lumbar spine and over the left sacroiliac joint. Sensory was restricted over the right lower extremity. Range of motion was decreased on all planes with noted pain. Straight leg raise positive for the low back only, left greater than right. There is positive Gaenslen's, Fortin's, Faber's, and pelvic distraction test on the left. X-ray of the lumbar spine from 08/18/2014 revealed disk degeneration and facet arthropathy at L5-S1, scoliosis of the left sacroiliac joint, and no instability or fracture. The listed diagnoses are: 1. Disk degeneration L5-S1. 2. Facet arthropathy L5-S1. 3. Left sacroiliac joint dysfunction. The treatment plan was for patient to undergo an MRI of the lumbar spine, pain management consultation, left sacroiliac joint block with arthrogram, and instructions to follow up in 4 to 6 weeks for reevaluation. The utilization review denied the request on 11/26/2014. Treatment reports from 07/10/2014 through 09/08/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management pre-procedure consultation, per 11/10/14 form. Qty: 1.00: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127, consultation.

Decision rationale: This patient presents with complaints of low back pain that radiates down the right leg. The current request is for pain management preprocedure consultation, per 11/10/2014 form QTY; 1.00. The utilization review letter denied the request, but the rationale for the denial was not provided. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the treating physician has requested a facet block and is requesting a pain management "preprocedure consultation." The patient does not meet the criteria for diagnostic facet block; therefore, the preprocedure consultation with the pain management specialist IS NOT necessary.

Diagnostic facet block, L5-S1, per 11/10/14 form. Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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, Facet joint diagnostic blocks.

Decision rationale: This patient presents with chronic low back pain that radiates down the right leg. The current request is for diagnostic facet block, L5-S1, per 11/10/2014 form QTY; 1.00. 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. In this case, the patient presents with radicular symptoms, positive straight leg raise, and decreased sensation affecting the lower extremities. ODG states evaluation of facet joints are recommended when radicular symptoms are not present. The requested facet block IS NOT medically necessary.

