

Case Number:	CM14-0207433		
Date Assigned:	12/19/2014	Date of Injury:	04/17/2011
Decision Date:	02/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/11/2014

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 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 49 year-old female with a 4/17/2011 date of injury. According to the 11/5/14 orthopedic report, the patient presents with 7-8/10 pain in the back, both shoulders and right leg swelling. The orthopedist states the QME reports the patient is not a surgical candidate, and the QME recommended chiropractic care, and if no improvement, then try diagnostic facet injection to determine if RFA versus epidural injection would be of benefit. On 11/5/14, the orthopedist states the patient received 6 chiropractic sessions but no reports were received. On 11/14/14 utilization review denied a referral to [REDACTED] for injections because the ACOEM guidelines state that local injections and facet joint injections are of questionable merit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral to [REDACTED] for consideration of injections: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examination and Consultations, page 127.

Decision rationale: The orthopedist has requested a referral to a physician for consideration of injections. Based on the 11/5/14 report, the unspecified "injections" appear to be diagnostic facet injections, but there is no discussion on the specific level or whether they are intraarticular or medial branch blocks. The 11/5/14 physical exam shows positive right seated SLR for right flank pain radiating to the lateral hip and to the lateral knee. There was 3/5 strength on the right great toe, and ankle dorsiflexion/plantar flexion. MRI was reported to show disc and facet degeneration. EMG/NCV from 1/20/14 was reported as normal. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 low back complaints, pages 300 states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but would be the next highest review standard, as MTUS does not discuss consultations. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: 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. The request, as written, is not a request for injections, but a request for consultation with the physician that will presumably evaluate the patient and determine need for injections. The orthopedist did not provide enough information to determine if the patient meets the MTUS or ODG criteria for facet injections. ACOEM guidelines state the physician may refer to other specialists when the plan or course of cares my benefit from additional expertise. The request for 1 referral to [REDACTED] for consideration of injections is medically necessary.