MAXIMUS Federal Services

Case Number:	CM14-0078572		
Date Assigned:	07/18/2014	Date of Injury:	10/08/2012
Decision Date:	04/20/2015	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 45 year old female, who sustained an industrial injury on October 8, 2012. She reported injury to her lower back. The injured worker was diagnosed as having grade 1 to 2 spondylolisthesis, L5-S1, with left greater than right foraminal stenosis and left L5 radiculopathy. Treatment to date has included diagnostic studies, physical therapy and medications. Currently, the injured worker complains of continued pain in her lower back. She continued to have limited range of motion of her back. Lumbar range of motion included flexion 40 degrees, extension 10 degrees, right lateral bending 10 degrees and left lateral bending 10 degrees. Future medical care included a visitation to orthopedic surgeon, pain medication and therapy. Fusion was listed as a future option.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult for lumbar spine facet blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 187. Decision based on Non-MTUS Citation Official Disability Guidelines-Low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127 Official disability guidelines Low Back Chapter online, for diagnostic facet blocks.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for PAIN MANAGEMENT CONSULT FOR LUMBAR SPINE FACET BLOCKS. Per 10/28/13 progress report, the patient has had 20 sessions of physical therapy for her lower back. A spinal surgeon recommended surgical intervention. Regarding work status, the treater simply states that the patient is not able to perform usual work. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: 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. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 low back complaints, under Physical Methods, pages 300 states Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. ODG-TWC guidelines, Low Back Chapter online, for diagnostic facet blocks, Criteria for use of diagnostic blocks for facet mediated pain states: Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. And Limited to patients with low-back pain that is non-radicular. In this case, the treater requested consultation for lumbar spine facet blocks. MTUS does not specifically discuss consultations, but the non-adopted ACOEM chapter 7 for consultations offers some support. The confusing part of the request is that the consultation is for consideration of facet blocks. The MTUS guidelines state lumbar facet injections are of questionable merit, and ODG guidelines states that facet injections are not indicated in cases where radiculopathy is present, and they are not indicated in cases where surgery is anticipated. The patient is currently reported to have radiculopathy and has recommendations for surgical fusion. The necessity for a consultation for a procedure that cannot be approved is not established. The request IS NOT medically necessary.