MAXIMUS Federal Services

Case Number:	CM15-0160167		
Date Assigned:	08/26/2015	Date of Injury:	12/21/2012
Decision Date:	09/29/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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: Emergency Medicine

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 44 year old male, who sustained an industrial injury on 12-21-12. The injured worker has complaints of lumbar spine pain. The documentation noted left paralumbar tenderness to palpation, positive spasms and range of motion is limited and painful. The diagnoses have included lumbar spine strain and spondylosis L5-S1 (sacroiliac) and L5-S1 (sacroiliac) facet arthropathy. Treatment to date has included Motrin; ibuprofen; Voltaren; bilateral L5-S1 (sacroiliac) transforaminal epidural steroid injections and home exercise program. The request was for radiofrequency ablation bilateral L5-S1 facet medial branch nerve injection x1 and follow-up visit. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation bilateral L5-S1 facet medial branch nerve injection x1: 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) web 2014.

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 & Lumbar & Thoracic (Acute &, Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Radiofrequency ablation bilateral L5-S1 facet medial branch nerve injection x1 is not medically necessary.CA MTUS is silent and Official Disability Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has lumbar spine pain. The documentation noted left paralumbar tenderness to palpation, positive spasms and range of motion is limited and painful. The diagnoses have included lumbar spine strain and spondylosis L5-S1 (sacroiliac) and L5-S1 (sacroiliac) facet arthropathy. The treating physician does not document positive facet compression testing on exam, not the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result. The criteria noted above not having been met, Radiofrequency ablation bilateral L5-S1 facet medial branch nerve injection x1 is not medically necessary.

Follow-up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested follow-up visit is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1 Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has lumbar spine pain. The documentation noted left paralumbar tenderness to palpation, positive spasms and range of motion is limited and painful. The diagnoses have included lumbar spine strain and spondylosis L5-S1 (sacroiliac) and L5-S1 (sacroiliac) facet arthropathy. The treating physician has documented persistent symptomatology to warrant a follow-up office visit. The criteria noted above having been met, follow-up visit is medically necessary.