

Case Number:	CM15-0188340		
Date Assigned:	09/30/2015	Date of Injury:	10/06/2000
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old female who sustained an industrial injury on October 06, 2000. A recent encounter dated August 27, 2015 reported a history of back, right leg pain and neck pain in the setting of degenerative disc disease and facet osteoarthritis. She is here for routine visit and medication refill. Her pain score without medication is "7" in intensity and with medication is rated "5" in intensity out of 10. She reports "the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep her within a manageable level to allow patient to complete necessary ADLs such as walking working and gardening. She also manifested positive facet loading maneuvers. There are complaints of RLE tingling/ numbness and there is a positive straight leg raise on exam. She is reporting "more depressed and tearful" because has to work in severe pain. There is note of acupuncture session "did help her with her pain some." Current medications consisted of: Percocet, Alprazolam, Lidoderm patches, and Ibuprofen. The patient's pain is significantly impacting her work, concentration, mood, sleeping pattern and overall functioning." The following diagnoses were applied to this visit: osteoarthritis of spinal facet joint; sacroiliac joint somatic dysfunction; degeneration of lumbar or lumbosacral intervertebral disc, and degeneration of cervical intervertebral disc. The plan of care is with recommendation for: continuing medication regimen, continuing with conservative measures to include: heat, ice and gently stretching and exercise, and re-requesting bilateral L4-5 L5-S1 medial branch facet injection, additional acupuncture sessions 6 and administration of Toradol injection this visit. Last facet block cervical injection noted administered January 20, 2015 with a noted 60% reduction of pain for 4 month duration.

"It was very effective." Back at pain encounter dated June 11, 2015 the plan of care is with noted recommendation for re-requesting a bilateral L4-5 and L5-S1 medial branch facet injection for diagnostic and therapeutic purpose. Medications continue with denials. On September 04, 2015 a request was made for bilateral L4-5 L-5,S1 medial facet branch injection and additional acupuncture sessions treating the low back that were noncertified on September 11, 2015 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 medial branch facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Chapter Low Back Procedure Summary last updated 7/17/2015, facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks (injections).

Decision rationale: Bilateral L4-5, L5-S1 medial branch facet injection is not medically necessary per the ACOEM and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The request for facet injections is not medically necessary as the patient has radicular symptoms on physical examination. The guidelines do not recommend facet injections in the presence of radicular symptoms therefore this request is not medically necessary.

Acupuncture for the low back QTY 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Acupuncture for the low back QTY 8 is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture. Additionally, the documentation indicates that the patient was authorized acupuncture on 7/27/15 for 6 sessions. It is unclear of the efficacy from this prior acupuncture. Without clear indication of the efficacy of prior acupuncture and the fact that the request exceeds the recommended 6 visit trial the request is not medically necessary.

