

Case Number:	CM15-0200233		
Date Assigned:	10/15/2015	Date of Injury:	12/24/2008
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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, District of Columbia,
Maryland Certification(s)/Specialty: Anesthesiology, Pain
Management

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 46 year old male who sustained an industrial injury on December 24, 2015. The worker is being treated for: low back pain with left lower extremity pain. Subjective: September 14, 2015 lumbar spine pains "same as last visit." "It feels like it is bulging." There is swelling and pain along the low back. August 10, 2015 "slight neck pain." Medications: September 14, 2015, Naproxen EC. August 10, 2015 Anaprox, and Diclofenac Sodium. Treatment modality: acupuncture session referred August 10, 2015. On September 25, 2015 a request was made for pain management consultation considering injections that was noncertified by Utilization Review on October 02, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain management consult (to consider facet blocks of lumbar spine): Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet blocks.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The MTUS is silent on lumbar facet injections. With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement." "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: (1) No more than one therapeutic intra-articular block is recommended (2) There should be no evidence of radicular pain, spinal stenosis, or previous fusion (3) If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive) (4) No more than 2 joint levels may be blocked at any one time (5) There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." I respectfully disagree with the UR physician's assertion that the guidelines do not recommend facet injections for low back pain. Per the citation above, they are supported in some instances. I disagree with the UR physician's denial based upon the presence of some lower extremity involvement. The injured worker's chief complaint is pain and swelling along the low back. The scope of practice for pain management physicians extends beyond simply injections. The consultation is consistent with the standard of care. The request is medically necessary.