

Case Number:	CM15-0044956		
Date Assigned:	03/16/2015	Date of Injury:	06/15/2006
Decision Date:	04/24/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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, Hawaii
 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 62 year old male who sustained an industrial injury to his lower back on June 15, 2006. The injured worker is status post L5-S1 decompression in June 2009 and radiofrequency to the bilateral L4-5 and L5-S1 over two years ago (no date documented) with greater than 50% relief. The injured worker was diagnosed with lumbar postlaminectomy syndrome, lumbago, lumbar facet syndrome, and other pain disorders related to psychological factors. According to the primary treating physician's progress report on December 18, 2014, the injured worker continues to experience diffuse low back pain described as aching, throbbing and sharp exacerbated by twisting. Range of motion is restricted with extension due to pain with normal flexion. Straight leg raise test is negative with equal and symmetrical reflexes bilaterally. On February 12, 2015, the injured worker continues to experience low back pain. The primary treating physician noted bilateral L4-5 and L5-S1 facet arthritis with positive facet loading. Current medications consist of MS Contin, Hydrocodone/APAP, Omeprazole, Paroxetine, Orphenadrine and Fenoprofen topical. The treatment plan consists of bilateral radiofrequency to L4-5, psychological testing and continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Psyche Testing. The treating physician states, "96103 X6 Psyche Testing." (164B) No further explanation was provided with the exception of the treating physician documenting that the patient had a past medical history of depression. (1652B) The ACOEM guidelines state, "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." In this case, the treating physician has not documented the rationale for referring the patient for psyche testing. The current request is not medically necessary and the recommendation is for denial.

Right and Left L4-L5 radiofrequency: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Facet joint radiofrequency neurotomy.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Right and Left L4-5 Radiofrequency. The treating physician states, "Patient had RF with greater than 50% pain relief, pain returned in same area, reduced his opiate use by 25% after the procedure per wife and patient and able to get back to normal activities including yard work. Pain is getting worse and wants RF." (158B) The treating physician also stated that the last Radiofrequency was done over 2 years ago and that the patient had facet arthritis. The ODG guidelines state, "Treatment requires a diagnosis of facet joint pain using a medial branch block, while repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure, approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function, no more than two joint levels are to be performed at one time, and there should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy." In this case, the treating physician has documented that the patient decreased medications, improved VAS scores and function with prior radiofrequency neurotomy procedure. The current request is medically necessary and the recommendation is for authorization.