MAXIMUS Federal Services

Case Number:	CM15-0051664		
Date Assigned:	03/25/2015	Date of Injury:	02/27/2011
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/18/2015

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: New York, West Virginia, Pennsylvania
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 54 year old male, who sustained an industrial injury on 2/27/2011. He reported stepping and falling off a forklift, that was carrying 1-2 tons of salt water, hitting his head and crushing his left lower extremity. The injured worker was diagnosed as having traumatic left below the knee amputation (2011), left leg phantom limb pain, lumbar spondylosis, chronic pain syndrome, and opioid dependence. Treatment to date has included surgical intervention and conservative measures, including diagnostics, medications, and physical therapy. Currently, the injured worker complains of low back and left lower extremity pain. Pain in the back was bilateral, right greater than left, and radiated down the posterior thigh, stopping at the knee. His left lower extremity pain was located at the end of his stump, with associated phantom limb pain. Symptoms were improved with medication and sitting and worsened with standing and walking. Pain was rated 3-4/10 (unchanged). He stated he would like a new prosthesis. Current medication use included Fluvirin, Pneumovax, Norco, Naproxen, Lyrica, Lidocaine, and Voltaren. Physical exam noted body mass index 32.5% and an antalgic gait due to left leg prosthesis. Lumbar range of motion was decreased, with pain with facet loading positions, and tenderness was noted over the lower lumbar joint facets. The treatment plan included medication refills, a new prosthesis, consideration for L3-S1 facet joint nerve block, and trial spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-S1 Facet Joint Nerve Block (FJNB/A): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 604.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Guidelines do not recommend facet joint nerve blocks for management of chronic low back pain. In this case, the patient is stable and facet joint nerve blocks are not being requested but are under consideration. The request for L3-S1 Facet joint nerve block is not medically appropriate and necessary.

Trial Spinal Cord Stimulator for phantom limb pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104-107.

Decision rationale: Guidelines recommend spinal cord stimulation for treatment of phantom limb pain if less invasive treatments have failed. In this case, the patient is stable and a trial of spinal cord stimulation is under consideration, but is not requested. The request for a trial of spinal cord stimulation is not medically appropriate and necessary.

Referral for prosthesis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Prosthesis.

Decision rationale: Guidelines recommend prosthesis if there is potential to improve a patient's functionality. In this case, the type of prosthesis requested is not specified. As an initial step, the patient should undergo an evaluation for prosthesis to determine if it is indicated and if so, what type of prosthesis is requested. The request for referral for prosthesis is not medically appropriate and necessary.