MAXIMUS Federal Services

Case Number:	CM15-0053448		
Date Assigned:	03/27/2015	Date of Injury:	03/13/2006
Decision Date:	05/06/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/20/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 49 year old female who sustained an industrial injury on March 13, 2006. The injured worker was diagnosed with epigastric abdominal pain, etiology unknown, lumbar facet arthropathy, annular tear L5-S1 on magnetic resonance imaging (MRI), disc herniation at L4-L5 on magnetic resonance imaging (MRI), chronic radiculopathy, myofascial pain and sacroiliac (SI) joint arthropathy. The injured worker is status post disc biopsy in early 2014 with negative results. No other surgical procedures were documented.According to the primary treating physician's progress report on October 21, 2014, the injured worker continues to experience low back pain that radiates to the right lower extremity and epigastric pain. Examination of the lumbar spine demonstrated pain with axial loading and pain from L2 through L5 mostly on the right side. There is tenderness to palpation over the sacroiliac (SI) joints bilaterally. Patrick's test is positive. The injured worker received a sacroiliac (SI) joint injection at the office visit and tolerated the procedure well. The abdominal examination was deferred. Current medications are listed as MsContin and Vicodin. Treatment plan is the requested authorization for upper endoscopy and a lumbar facet medial branch block neurolysis with initial 3 levels on right. A urea breath test was also planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upper endoscopy by gastroenterologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Gastroenterology.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: As an orthopedic surgeon, I am not qualified to determine the medical necessity of the upper GI endoscopy. As such, the medical necessity of the procedure cannot be determined.

Facet medial branch block with phenol 3 levels bilateral: 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 ODG, Section: Low Back, Topic: Facet joint medial branch blocks, therapeutic injections; Facet joint medial branch blocks, diagnostic.

Decision rationale: According to ODG guidelines facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence for treatment. The diagnostic blocks should not be performed at more than 2 levels. The request as stated is for phenol blocks at 3 levels bilaterally. The request is not supported by evidence-based guidelines and as such, the medical necessity of the request has not been substantiated.