

Case Number:	CM15-0084234		
Date Assigned:	05/06/2015	Date of Injury:	01/16/2009
Decision Date:	06/04/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/01/2015

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
 Certification(s)/Specialty: Internal 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 57 year old male, who sustained an industrial injury on 01/16/2009. He reported injuring her back and right knee. The injured worker is currently as permanent and stationary. The injured worker is currently diagnosed as having lumbosacral spondylosis without myelopathy, depression, and sacroiliitis. Treatment and diagnostics to date has included lumbar intra-articular facet block, psychotherapy, right knee MRI, home exercise program, and medications. In a progress note dated 03/06/2015, the injured worker presented with complaints of low back and right hip pain stating her pain is rated at a 7/10, with an average pain level of 7/10. Objective findings include restricted range of motion to the lumbar spine. The treating physician reported requesting authorization for Psychiatric Evaluation with 10 sessions of counseling and bilateral medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation and 10 sessions of counseling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

Decision rationale: Per MTUS, Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. In this case, a psychological evaluation is indicated to help in the treatment of the claimant's chronic pain condition but there is no specific indication for the requested 10 counseling sessions until the initial evaluation is completed. Medical necessity for the requested services is not established. The requested services are not medically necessary.

Bilateral medial branch block at L4-L5 and L5-S1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Medical Branch Blocks.

Decision rationale: CA MTUS does not specifically address medial branch blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: (1) one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; (2) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (3) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. In this case, on peer to peer review the requesting provider withdrew the request for the procedure pending his review of the MRI. Medical necessity for the requested procedure is not established. The requested procedure is not medically necessary.