

Case Number:	CM14-0128665		
Date Assigned:	08/18/2014	Date of Injury:	10/01/2013
Decision Date:	10/20/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36-year-old male with a 10/1/13 date of injury. The mechanism of injury occurred when he was crushed between a semi-truck and a parked car. According to a progress report dated 6/23/14, the patient had undergone diagnostic medial branch blocks and noted approximately 50% temporary relief in his symptoms. The patient had complaints of ongoing low back pain with some pain extending into the groin and left anterior and posterior thigh. The patient also had complaints of chronic abdominal pain. The provider is requesting authorization for a pain management consultation and radiofrequency ablation at the L4-S1 levels. The objective findings include palpable tenderness of the paravertebral muscles, bilaterally, limited mbar spine, range of motion, normal motor strength. The diagnostic impression includes L3-S1 facet arthropathy, cervical strain, L5-S1 disc degeneration/facet arthropathy, left leg radiculopathy, left knee internal derangement, abdominal pain. Treatment to date: medication management, activity modification, medial branch blocks, physical therapy. A UR decision dated 7/31/14 denied the request for pain management consultation. As the request for radiofrequency ablation is noncertified, this consultation which was requested to perform this procedure is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Low Back, Lumbar & Thoracic (Acute & Chronic), 2014, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127, 156 and on the Non-MTUS Official Disability Guidelines (ODG) Pain Chapter, Low Back Chapter

Decision rationale: The California MTUS states that consultations are recommended, and a 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. The provider is requesting authorization for a pain management consultation and radiofrequency ablation at the L4-S1 levels. However, the patient had undergone diagnostic medial branch blocks on 6/16/14 and noted approximately 50% temporary relief in his symptoms. The patient's response to medial branch blocks failed to meet ODG's criteria for a positive response, which would require 70% pain relief. In addition, there is a lack of evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Since the medical necessity of radiofrequency ablation has not been established, this associated request cannot be substantiated. Therefore, the request for pain management consultation was not medically necessary.