

Case Number:	CM15-0015238		
Date Assigned:	02/03/2015	Date of Injury:	02/20/2014
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/27/2015

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

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 29 year old female who sustained a work related injury February 20, 2014. She was on top of a six foot ladder trying to pull a water pump from a shelf, the ladder slipped she fell on top of the ladder and her left lower extremity got pinned underneath. She was treated with medication for pain, physical therapy and acupuncture. According to a pain management physician's progress report dated December 29, 2014, the injured worker presented with the same pain she has had for a year; radiates to the back, left foot, left ankle, and left leg 7/10. Treatment plan included request for L4-5 L5-S1 bilateral nerve blocks, medications, physical therapy and acupuncture, and psychological evaluation. According to utilization review dated January 9, 2015, the request for Diclofenac Sodium ER has been certified. The request for Bilateral Lumbar Facet Nerve Block at L4-5, L5-S1 under fluoroscopy guidance is non-certified, citing ACOEM and ODG Guidelines. The request for a Psychological evaluation for Cognitive Behavioral Therapy is non-certified, citing MTUS and ODG Guidelines. The request for Acupuncture 2 x 3 weeks for 6 sessions is non-certified, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet nerve block at L4-5, L5-S1 under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: diagnostic blocks for facet "mediated" pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral lumbar facet nerve block at L4-5, L5-S1 under fluoroscopy guidance is not medically necessary and appropriate.

Psychological evaluation- for cognitive behavioral therapy and clearance for possible future implants such as spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Psychological evaluation for spinal cord stimulator Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Pages 101-102.

Decision rationale: Submitted reports have not described what further psychological testing or evaluation are needed or identified what specific goals are to be obtained from the psychological treatment beyond the current medical treatment received to meet guidelines criteria. MTUS guidelines support treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no symptom complaints, clinical findings or diagnostic procedures to support for the Psychotherapy evaluation. The Psychological evaluation- for cognitive behavioral therapy and clearance for possible future implants such as spinal cord stimulator is not medically necessary and appropriate.

Acupuncture 2 x 3 weeks: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture 2 x 3 weeks: 6 sessions is not medically necessary and appropriate.