

Case Number:	CM15-0017476		
Date Assigned:	02/05/2015	Date of Injury:	01/03/2013
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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 64 year old male, who sustained an industrial injury on 1/3/13. He has reported bilateral wrist pain. The diagnoses have included bilateral carpal tunnel syndrome, wrist pain and bilateral DeQuervain's tenosynovitis. Treatment to date has included bilateral carpal tunnel release, carpal tunnel injections and oral pain medications. Currently, the injured worker complains of bilateral wrist pain. On 10/24/14 the injured worker stated the medications were working well. On 1/6/15 Utilization Review non-certified medial branch block L4-5 and L5-S1, noting lack of documentation of conservative treatment and pain management psychologist, noting the lack of documentation the injured worker's pain has increased significantly. The MTUS, ACOEM Guidelines, was cited. On 1/21/15, the injured worker submitted an application for IMR for review of medial branch block L4-5 and L5-S1 and pain management psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block at the L4-L5 and L5-S1, both sides: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official disability guidelines low back chapter under Facet joint signs and symptoms

Decision rationale: According to the 10/24/2014 report, this patient presents with bilateral wrist pain. The current request is for medial branch block L4-5 and L5-S1 both sides. The patient's work status is "modified duty." Regarding facet block, ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The medical reports provided indicate no evidence of prior MBB. The treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 10/24/2014 and the utilization review letter in question is from 01/06/2015. In this case, the treating physician documented that the patient has wrist pain but there is no indication that the patient has lumbar paravertebral facet tenderness with non-radicular symptoms. Therefore, the requested MBB is not supported by ODG Guidelines at this time. The request IS NOT medically necessary.

Referral to Pain Management Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: According to the 10/24/2014 report, this patient presents with bilateral wrist pain. The current request is for referral to pain management psychologist but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 10/24/2014 and the utilization review letter in question is from 01/06/2015. The patient's work status is "modified duty." Regarding consultations, ACOEM states that the occupational 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. In this case, the treating physician does not provide medical rationale as to why pain management psychologist is needed. There is no mention of any psychological issues such as anxiety, depression, and how the patient is struggling with chronic pain to benefit from psychological evaluation. The request IS NOT medically necessary.