

Case Number:	CM15-0127593		
Date Assigned:	07/14/2015	Date of Injury:	05/02/2014
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 52 year old man sustained an industrial injury on 5/2/2014 after his vehicle was sideswiped. Evaluations include MRI of unknown body part dated 2/2015, electromyogram dated 2/25/2015, and lumbar spine MRI dated 2/19/2014. Diagnoses include lumbar facet injection, muscle spasm, and lumbar spine degenerative disc disease. Treatment has included oral medications, H-wave therapy, lumbar epidural steroid injection, ischial bursa injection, lumbar radiofrequency ablation, physical therapy, home exercise program, stretching, and chiropractic care. Physician notes dated 6/10/2015 show complaints of low back pain and left hip pain rated 8/10. Recommendations include medial branch block, group pain management sessions, continue H-wave therapy, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral to pain management psychologist for evaluation for cognitive- behavioral therapy and pain coping skills training: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page(s): Chapter 7, page 127.

Decision rationale: This claimant was injured over a year ago in a motor vehicle accident. Diagnoses included lumbar facet pain, muscle spasm, and lumbar spine degenerative disc disease. Treatment has included oral medications, H-wave therapy, lumbar epidural steroid injection, ischial bursa injection, lumbar radiofrequency ablation, physical therapy, a home exercise program, stretching, and chiropractic care. As of June 2015, there is still low back and left hip pain rated 8/10. No psychological issues are noted. Functional improvement outcomes out of past injections are not noted. ACOEM Guidelines, Chapter 7, Page 127, state 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. There is no suggestion of psychological issues that might respond to pain management. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.

1 medial branch block left L3, L4, L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back & Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back under Medical Branch Blocks, Diagnostic.

Decision rationale: As shared previously, this claimant was injured over a year ago in a motor vehicle accident. Diagnoses include lumbar facet pain, muscle spasm, and lumbar spine degenerative disc disease. Treatment has included oral medications, H-wave therapy, lumbar epidural steroid injection, ischial bursa injection, lumbar radiofrequency ablation, physical therapy, home exercise program, stretching, and chiropractic care. As of the physician notes dated 6/10/2015, there were complaints of low back and left hip pain rated 8/10. No psychological issues are noted. Functional improvement outcomes out of past injections are not noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for the use of diagnostic blocks for facet mediated pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 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 (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 5. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 6. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The surgical plans in this claimant are not clear. Also, the request is for four levels, and only up to three are supported in evidence-based guides. Moreover, objective improvement out of past injections is not known. The request is not medically necessary.