

Case Number:	CM15-0090524		
Date Assigned:	05/14/2015	Date of Injury:	07/26/2013
Decision Date:	06/17/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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, New York, 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:

The applicant is a represented 54-year-old who has filed a claim for chronic neck, hip, and low back pain with derivative complaints of psychological stress reportedly associated with an industrial injury of July 26, 2013. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve requests for lumbar radiofrequency ablation procedures and psychological testing. The claims administrator suggested that the applicant had had earlier lumbar medial branch blocks on February 10, 2015 as well as earlier epidural steroid injection therapy. A RFA form received on April 20, 2015 was referenced in the determination, as was a medical-legal evaluation dated January 23, 2015. The applicant's attorney subsequently appealed. In a separate RFA form, dated April 20, 2015, lumbar radiofrequency ablation procedures at L2-L3, a surgical evaluation, and psychological testing were endorsed. In an associated progress note of April 23, 2015, the applicant reported ongoing complaints of low back, hip, and neck pain. The applicant was using Ultracet, Prilosec, Naprosyn, Norflex, and Zofran, it was reported. The applicant was off of work, on total temporary disability, it was acknowledged. The applicant had received lumbar spine surgery some 20 years prior, it was incidentally noted. The applicant apparently had multiple palpable tender points, it was further suggested. The applicant had not worked in over a year, it was further noted. Tenderness about the L2-L3 regions as well as the multiple tender points were appreciated about the neck, mid back and low back. The attending provider stated that portions of the applicant's claim have been administratively contested by the claims administrator. Lumbar radiofrequency ablation procedures and "baseline" psychological testing was sought on the grounds that the applicant was on opioids. Naprosyn, Ultracet,

Prilosec, Norflex, and Zofran were renewed. The applicant was described as having exhibiting a frustrated mood secondary to various chronic pain issues. The applicant was also placed off of work, on this occasion. The applicant was again described as off of work, on total temporary disability, via a note dated February 26, 2015. Positive facet loading and palpable tender points were noted on this occasion. The applicant was again seemingly placed off of work, on total temporary disability, while surgical evaluation, lumbar radiofrequency ablation procedures, cervical medial branch blocks, and "baseline" psychological testing were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right then left L2 and L3 Radiofrequency Ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint radiofrequency ablation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: No, the request for L2-L3 lumbar radiofrequency ablation procedures was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, facet neurotomies/facet radiofrequency ablation procedures, the article at issue here, produce "mixed results" and should be performed only after appropriate investigation involving differential dorsal ramus medial branch diagnostic blocks. Here, however, earlier medial branch blocks do not appear to have been appreciably successful. The applicant remained off of work, on total temporary disability, despite receipt of the same. The earlier medial branch blocks failed to curtail the applicant's dependence on opioid agents such as Ultracet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier medical branch blocks. The applicant's presentation, furthermore, was not seemingly suggestive or consistent with a diagnosis of facetogenic or discogenic low back pain for which the radiofrequency ablation procedures should have been considered. The applicant was described on the dates in question exhibiting issues with palpable tender points suggestive of myofascial pain. The applicant had a history of earlier lumbar spine surgery. Surgical consultation was endorsed, seemingly to address the applicant's residual radicular pain complaints. It did not appear, in short, that the applicant had bona fide facetogenic pain for which the lumbar radiofrequency ablation procedures in question could have been considered. Therefore, the request was not medically necessary.

Psychological testing for eight months for chronic pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 101.

Decision rationale: Similarly, the request for psychological testing for "eight months" was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 15, page 397 note that an attending provider should "avoid the temptation" to perform exhaustive psychological testing to exclude the entire differential diagnosis/differential diagnoses as such searches are "generally unrewarding." While page 101 of the MTUS Chronic Pain Medical Treatment Guidelines does identify 26 different psychological tests commonly used in the Worker's Compensation and/or chronic pain context, here, however, the request was ambiguous. The attending provider did not furnish a clear or compelling rationale for the request. The attending provider did not state why psychological testing was needed on a monthly basis for what appeared to be eight consecutive months. Little in the way of narrative commentary or applicant-specific rationale was attached so as to augment the request at hand. Therefore, the request was not medically necessary.