

Case Number:	CM13-0023717		
Date Assigned:	11/15/2013	Date of Injury:	03/10/2001
Decision Date:	01/28/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 64 year-old, female with a March 10, 2001 injury date. She has been diagnosed with lumbar facet arthropathy; sacroiliitis; myofascial spasms; and degenerative joint disease (DJD) bilateral hips. The IMR application shows a dispute with the September 3, 2013 UR decision, which is by CID and denies a bilateral medial branch block (MBB) at L4, L5, S1; Clonazepam 0.5mg; and urine drug test (UDT). The UR decision was based on the August 20, 2013 medical report from [REDACTED]. The August 20, 2013 report states the patient has persistent low back pain and antalgic gait. She could flex to 90 degs, extend to 5 degs, she had palpable tenderness and Lasegues was positive bilaterally. [REDACTED] listed medications as Medformin, lantus, omeprazole, Abilify, Proventil, BD insulin pen, Vytorin, Spriva, Benecar, Divalproax ER, Aldactone, Benzotropine, Norco, Restoril and Klonopin. The October 24, 2013 SCIF letter shows a UDT on August 22, 2013 and February 5, 2013

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral lumbar medial branch block at L4, L5 and S1, between August 20, 2013 and October 20, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (acute and chronic)

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 (ODG), Low Back, Diagnostic Facet Blocks

Decision rationale: The California MTUS guidelines state the medial branch blocks are for investigation of facet joints for a radiofrequency ablation procedure. But the ACOEM does not provide recommendations for the radiofrequency in the lumbar spine. Furthermore, the reporting does not discuss a rationale for the medial branch blocks and the patient was reported to have positive Lasegues test bilaterally, which is a test for radiculopathy. The ODG states facet syndrome would have a negative straight leg raise (SLR), unless there was MRI evidence for hypertrophy encroaching on the neural foramen. There were no imaging reports provided for [REDACTED]. The request does not appear to have strong ACOEM support and does not meet the ODG criteria from the information provided. Therefore the request for one (1) bilateral lumbar medial branch block at L4, L5 and S1 is not medically necessary and appropriate.