MAXIMUS Federal Services

Case Number:	CM13-0025812		
Date Assigned:	11/20/2013	Date of Injury:	01/28/2012
Decision Date:	01/21/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/18/2013

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 & Rehabilitation, 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:

The patient is a 58-year-old female who reported an injury on 01/28/2012 due to an assault by a patient. The patient sustained injuries to the low back area, left hip, left knee, right elbow, and a soft tissue neck injury. The patient underwent an MRI that revealed an anterolisthesis at the L4-5 and degenerative facet arthropathy at the L3-4 through L5-S1. The patient was treated with conservative care to include medication management, physical therapy, and a sacroiliac joint injection that did not provide adequate relief for the patient. The patient continued to have axial low back pain without radicular symptoms. The most recent physical exam findings revealed restricted range of motion described as 70 degrees in flexion, 10 degrees in extension, and 10 degrees in lateral bending. The patient had tenderness over the lumbar facets at the L4-5, and L5-S1 on the left side and mild tenderness over the sacroiliac joint. The patient's diagnoses included lumbar degenerative disc disease, lumbar facet arthrosis multilevel, chronic lumbar back pain, and history of sacroiliac joint injection with only partial improvement. The patient's treatment plan included medial branch blocks at the L4, L5, S1, and sacral region on the left side with consideration of radiofrequency rhizotomy if there is significant benefit. It was also noted that the patient was participating in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Left L4 Medial Branch Facet Block QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Injections, Diagnostic

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 Chapter, Facet Injections, Diagnostic

Decision rationale: The requested Diagnostic Left L4 Medeial Branch Facet Block QTY:1.00 is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has well documented facet mediated pain at the L4 vertebra that is confirmed with an imaging study reporting significant facet arthropathy at that level. Official Disability Guidelines recommend a medial branch block when the patient has well documented facet mediated pain that has failed to respond to conservative treatments. The patient's pain has continued although it has been conservatively treated with physical therapy, medications, and a home exercise program. As such, the requested Diagnostic Left L4 Medeial Branch Facet Block QTY:1.00 is medically necessary and appropriate.

Diagnostic Left L5 Medial Branch Facet Block QYT 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Injections, Diagnostic

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 Chapter, Facet Injections, Diagnostic

Decision rationale: The requested Diagnostic Left L5 Medial Branch Facet Block QYT 1.00 is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has well documented facet mediated pain at the L4 vertebra that is confirmed with an imaging study reporting significant facet arthropathy at that level. Official Disability Guidelines recommend a medial branch block when the patient has well documented facet mediated pain that has failed to respond to conservative treatments. The patient's pain has continued although it has been conservatively treated with physical therapy, medications, and a home exercise program. As such, the requested Diagnostic Left L5 Medial Branch Facet Block QYT 1.00 is medically necessary and appropriate.

Diagnostic Left S1 Medial Branch Facet Block QYT 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Injections, Diagnostic

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 Chapter, Facet Injections, Diagnostic

Decision rationale: The requested Diagnostic Left S1 Medial Branch Facet Block QYT 1.00 is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has well documented facet mediated pain at the L4 vertebra that is confirmed with an imaging study reporting significant facet arthropathy at that level. Official Disability Guidelines recommend a medial branch block when the patient has well documented facet mediated pain that has failed to respond to conservative treatments. The patient's pain has continued although it has been conservatively treated with physical therapy, medications, and a home exercise program. As such, the requested Diagnostic Left S1 Medial Branch Facet Block QYT 1.00 is medically necessary and appropriate.

Diagnostic Left sacral Medial Branch Facet Block QTY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Injections, Diagnostic

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 Chapter, Facet Injections, Diagnostic

Decision rationale: The requested Diagnostic Left sacral Medial Branch Facet Block QTY 1.00 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has facet mediated pain at the L4-5 and L5-S1 levels that has been recalcitrant to conservative treatment. Official Disability Guidelines do not recommend facet injections for diagnostic purposes for more than 2 levels. The clinical documentation submitted for review did not clearly address how an additional injection to the sacral area would assist in the identification of the patient's pain generators. Additionally, radiofrequency ablation to the sacral area is not supported by guideline recommendations. As such, the requested Diagnostic Left sacral Medial Branch Facet Block QTY 1.00 is not medically necessary or appropriate.