MAXIMUS Federal Services

Case Number:	CM13-0055388		
Date Assigned:	12/30/2013	Date of Injury:	10/08/2003
Decision Date:	03/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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 Pain management, and 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:

The patient is a 52 YO female with a date of injury of 10/08/2003. The listed diagnoses per [redacted] dated 10/30/2013 are: 1. Lumbar disc degeneration 2. Lumbar facet arthropathy 3. Status post fusion, lumbar spine T4-S2 (nonindustrial) 4. Chronic pain syndrome 5. History of paralytic ileus 6. Status post exploratory laparoscopy According to report dated 10/30/2013 by [redacted], the patient presents with complaints of low back pain that radiates to the bilateral lower extremities. Examination of the lumbar spine reveals severe scoliosis. There is spasm noted in the right paraspinous musculature. Tenderness was noted upon palpation bilaterally in the paravertebral area L3-S1. ROM is moderately limited secondary to pain. Facet signs were present bilaterally and straight leg raise at 90 degrees sitting positions is negative bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 medial branch nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with complaints of low back pain that radiates into the bilateral lower extremities. The Providers requests a medial branch nerve block as a "diagnostic trial to determine the origin of the patient's pain." Report dated 10/30/2013 states, "patient has undergone a prior medical nerve branch block with a positive response as documented by an 80% or greater reduction in pain. A repeat diagnostic nerve block is being requested as a confirmatory block." There are no operative reports or progress reports, following the injection, that discuss the results of this initial block. ACOEM guidelines pages 300 and 301 states, "lumbar facet neurotomies reportedly produce mixed results." In this case, the provider requests "a repeat diagnostic nerve block, as a confirmatory block, prior to considering radio-frequency neurotomy." For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches, ODG guidelines has the following: Criteria for the use of diagnostic blocks states, "One set of diagnostic medial branch blocks is required". Furthermore, orthopedic surgeon [redacted] states in report dated 04/22/2013, "this patient has responded quite well to radiofrequency ablation at L4-5 and L5-S1." This patient has already had a RFA and diagnostic medial branch block. Most importantly, the reports show that this patient has had fusion from T4 to S2 due to scoliosis. The segments at which the provider is asking for facet evaluation are fused. ODG guidelines do not support facet evaluations at the levels that are fused. The repeat block is not medically necessary and recommendation is for denial.