

Case Number:	CM13-0058659		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2007
Decision Date:	04/03/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/27/2013

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 09/01/2007. The patient states she has had worsening back pain on the right side radiating into her right buttock, hip, and down her leg. She also reported back spasms pointing to the right thoracolumbar region of her spine and indicates the activities with vacuuming and cleaning her house aggravate the pain. The patient describes her pain as 8/10 as of 10/15/2013 and stated she has been using Ultracet occasionally for severe pain, Celebrex for inflammation, and occasionally Flexeril tablets for muscle spasms. On 11/05/2013, the patient was noted to have elements of persistent sacroilitis, trochanteric bursitis, and iliotibial band that were treated approximately 1 year prior whereupon it was noted she had gotten some relief and then started to notice her low back pain. On the 11/05/2013 documentation, the patient had a 21 degrees scoliotic defect that had been long lasting. The patient was seen most recently on 01/07/2014 for flare-up of the back pain localizing on the right side of her back and radiating into her hip. On the date of examination, the patient rated her pain as 9/10 and had increased her medication intake to 4 Ultracet tablets, Celebrex twice a day for inflammation, and Flexeril for back spasms. The examination noted the patient had positive straight leg raise on the right and left both at 80 degrees, but motor strength, sensation, and deep tendon reflexes appear to be grossly intact in the lower extremities. Palpation only revealed muscle rigidity in the lumbar trunk suggesting muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

A bilateral lumbar medial branch block/fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Intra-articular Injections (therapeutic blocks).

Decision rationale: According to California MTUS and ACOEM, facet joint injections are not recommended for the treatment of low back disorders. Because medial branch blocks have not been fully addressed under these guidelines, Official Disability Guidelines has also been referred to in this case. According to Official Disability Guidelines, criteria for medial branch blocks include patients should not have any evidence of radicular pain, spinal stenosis, or previous fusion. This patient has been noted over the course of the past few examinations of having complaints of radicular pain into her bilateral lower extremities; with the right greater than left. There was no documentation of the patient having any facet-mediated pain and the physician has failed to indicate which level he would be performing a medial branch block. Without having any indication to which level the patient would be receiving the medial branch blocks (as there was no facet mediated pain noted), with radicular pain noted on multiple documents, and because the physician has requested bilateral medial branch blocks with the patient only noted to have pain on the right side, guidelines do not support this treatment for the patient at this time. As such, the requested service is non-certified.