

Case Number:	CM14-0003762		
Date Assigned:	02/03/2014	Date of Injury:	03/07/2002
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, 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 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/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 62-year-old female with a date of injury of 03/07/2002. The listed diagnoses per [REDACTED] are Spondylosis of lumbar spine without myelopathy and Bursitis of hip. According to the 12/13/2013 report by [REDACTED], the patient presents with low back and left hip pain. The patient feels an aching nerve pain and sharp joint pain with movement. The pain is noted as constant pain that does not radiate to any part of the body. Examination of the lumbar spine revealed range of motion is abnormal at 70 degrees of true flexion, 10 degrees of extension, 15 degrees of right lateral flexion, and 15 degrees of left lateral flexion, 10 degrees of right rotation, and 10 degrees of left rotation. The patient has pain with lumbar spine range of motion testing. Straight leg raising in supine is 90 degrees and negative bilaterally. There is positive Patrick and reverse Thomas test on both right and left. Sensation in all dermatomes is noted as normal. The treating physician is requesting "lumbar medial branch blocks to consider neurolysis and she is likely a candidate for this." Utilization review denied the request on 12/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC LUMBAR MEDIAL BRANCH BLOCKS, NUMBER OF LEVELS AND RIGHT VS. LEFT VS. BILATERAL UNSPECIFIED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS FOR CHRONIC PAIN, 79-83

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ACOEM Guidelines, 2nd Edition (2004), page 174, 303-307. Non-MTUS Citation: Official Disability Guidelines (ODG).

Decision rationale: MTUS/ACOEM Guidelines do not support facet injections for treatments, but do discuss dorsal medial branch blocks as well as radiofrequency ablation. The Official Disability Guidelines (ODG) also supports facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. In this case, review of the physical examinations indicate that the patient meets the criteria for medial branch blocks. However, review of the medical file indicates that the patient had a prior lumbar medial branch block at L3, L4, and L5 on 12/27/2011. ODG Guidelines no longer recommend confirmatory blocks and only one diagnostic DMB blocks are recommended. The treating physician does not explain why he wants to repeat the diagnostic block and there is no reason to repeat them unless there is a new injury. The request for diagnostic lumbar medial branch blocks, number of levels and right vs. left vs. bilateral unspecified, is not medically necessary and appropriate.