MAXIMUS Federal Services

Case Number:	CM14-0151785		
Date Assigned:	09/23/2014	Date of Injury:	09/26/2011
Decision Date:	10/23/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/17/2014

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, 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 60 year old female with an injury date of 09/26/11. Based on the 08/20/13 progress report provided by [redacted]., the patient complains of right low back pain rated 7/10, that radiates into her right leg with associated paresthesias and numbness. Physical examination reveals myofascial tenderness to lumbar spinal area. Supine straight leg raise and Patricks tests are positive bilaterally. Reflexes are normal. She has done epidural steroid injections that provided relief for 1-3 weeks and underwent "nerve blocks" that did not provide significant relief. MRI of the lumbar spine dated March 2012 shows multilevel degenerative disc disease with mild central stenosis at L3-4. Treater notes that exam is consistent with facet mediated pain and there is arthrosis noted mostly at L3-4 and L4-5. He would like to proceed with diagnostic MBB to cover these facets and if effective, proceed with rhizotomies. Under "Plan," treater states "schedule for right L2,3,and 4 MBB's."Diagnosis 08/20/13- degeneration of lumbar or lumbosacral intervertebral disc- lumbosacral spondylosis without myelopathy- lumbago[redacted] is requesting Right L2, 3 and 5 Medial Branch Blocks. The utilization review determination being challenged is dated 09/04/14. The rationale is "patient underwent MBB in April 2014 at L3, 4 and 5. Treater stated prior blocks did not help." [redacted] is the requesting provider, and he provided treatment report dated 08/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2, 3 and 5 Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Diagnostic Blocks (Injections) section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Decision rationale: The patient presents with right low back pain rated 7/10 that radiates into her right leg. The request is for Right L2, 3 and 4 Medial Branch Blocks. Patient presents with multilevel degenerative disc disease. ODG guidelines on " Facet intra-articular injections for L-spine: Criteria for the use of therapeutic intra-articular and medial branch blocks, are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion." Treater notes that physical exam is consistent with facet mediated pain, and he planned current request per progress report dated 08/20/13. However, patient presents with radicular pain from her low back into her right leg, for which an ESI was tried. ODG guidelines do not support facet joint evaluation when radicular symptoms are present. Recommendation is for denial.