

Case Number:	CM14-0179278		
Date Assigned:	11/03/2014	Date of Injury:	01/13/1982
Decision Date:	12/09/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/28/2014

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 58 year old with an injury date on 1/13/82. Patient complains of low lumbar pain rated 3/10, shooting pain going down left leg rated 4/10 per 9/17/14 report. Patient also complains of increased numbness/weakness in lower back when walking, causing patient to feel as if he's going to fall per 9/17/14 report. Patient has increased level of walking/stretching recently per 9/17/14 report. Based on the 9/17/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar radiculopathy 2. spinal/lumbar degenerative disc disease 3. spondylolisthesis Exam on 9/17/14 showed "L-spine range of motion restricted with extension at 15 degrees. Straight leg raise positive on left." Patient's treatment history includes medications, TENS unit, and ice machine which have all been helpful (but no NSAIDs for patient due to past history of bloody stool). [REDACTED] is requesting medial branch block at L3-S1 on the left side. The utilization review determination being challenged is dated 10/2/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/2/14 to 10/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at L3 - S1 on the left side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Methods Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG: low back, section on diagnostic facet blocks: ODG Low back, section on Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: This patient presents with lower back pain and left leg pain. The treating physician has asked for medial branch block at L3-S1 on the left side on 9/17/14. Review of the reports does not show any evidence of a diagnostic facet evaluation being done in the past. Regarding facet diagnostic injections, Official Disability Guidelines (ODG) guidelines require non-radicular back pain, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the patient has chronic back pain and has failed conservative treatment. However, the request is for 3 level facet joints while ODG only recommends 2 level evaluations. Four level DMB blocks cover 3 facet joint levels. Furthermore, the patient has a positive straight leg raise during physical exam suggestive of radicular symptoms. Facet diagnostic evaluations are not indicated when radicular symptoms are present. Treatment is not medically necessary and appropriate.