

Case Number:	CM14-0024265		
Date Assigned:	06/11/2014	Date of Injury:	05/02/2008
Decision Date:	08/13/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 is licensed to practice in California and Washington. 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 injured worker is a 45-year-old female who reported an injury on 05/02/2008 due to an unknown mechanism. Prior treatment included six acupuncture sessions and six physical therapy. The physician last saw the injured worker on 04/16/2014 and noted a complaint of low back pain and pain to her left knee. No pain scale was reported at the time. Chiropractic therapy had been completed and there was improvement. The injured worker stated nausea and constipation were the only side effects she had with her medications and her mood was improved with Zoloft. On 02/21/2014 the injured worker stated her activities of daily living were better and she was taking care of her daughter. The injured worker reported pain was 7-8/10 with medication and it was 10/10 with exercise. Straight leg raise was mildly positive on the right and negative on the left, reflexes were 2+ to bilateral lower extremities, strength was 5/5 to the bilateral lower extremities and gait was normal. On 06/13/2013 the injured worker stated physical therapy was helping. She stated physical therapy, walking and medications brought her pain from 6/10 to 3-4/10. The injured worker was diagnosed with chronic low back pain, chronic right knee pain, insomnia, and depression secondary to chronic pain issues. The physician noted full range of motion to the right knee without edema or effusion. The injured worker's medication regimen included ibuprofen, Zoloft, Senokot-S, Amitriptyline, and omeprazole. The physician advised the injured worker to push herself harder with exercises and classified the injured worker as permanent and stationary. The physician was requesting medical branch diagnostic blocks at right L3, L4, and L5. There was no rationale listed for this procedure. A Request for Authorization form was signed on 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL BRANCH DIAGNOSTIC BLOCKS AT RIGHT L3, L4, AND L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Blocks (injections).

Decision rationale: The request for medical branch diagnostic blocks at right L3, L4, and L5 is not medically necessary. California MTUS/ACOEM states facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy if neurotomy is chosen as an option for treatment. The guidelines note medial branch blocks are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally after failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Per the provided documentation straight leg raise was mildly positive on the right and negative on the left, reflexes were 2+ to bilateral lower extremities, strength was 5/5 to the bilateral lower extremities. The injured worker was progressing positively with exercise. The injured worker demonstrated evidence of improving under conservative care. The physician also did not annotate a care plan that included a facet neurotomy procedure. There is a lack of documentation indicating the injured worker has significant findings of facetogenic pain to the requested levels. As such, the request is not medically necessary.