

Case Number:	CM14-0078052		
Date Assigned:	07/18/2014	Date of Injury:	10/18/2012
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/28/2014

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 47 year old male with an injury date of 10/18/12. Based on the 02/27/14 progress report provided by [REDACTED], the patient complains of low back pain and uses a cane to walk. The 03/13/14 progress report provided by [REDACTED], states that the patient presents with isthmic spondylolisthesis at the L5 level with associated back and leg pain. Diagnosis:-Testicular pain (608.9)-Sprained right knee (844.9)- Neck strain (847.0)- Lumbar strain (847.2)-Lumbar spondylolisthesis (L5- S1) (738.4)- internal derangement of medial meniscus (717.3)Treater states in progress report dated 03/13/14, that the patient had right L5-S1 epidural steroid injection on 02/16/14, which did not improve his symptoms. [REDACTED] thinks a medial branch block with subsequent RFA, would alleviate patient's back pain arising from the facet joints. In review of utilization review report dated 04/29/14 by [REDACTED], patient's request for Posterior Lumbar interbody Fusion L5-S1 with hospital stay has been approved. Review of reports does not indicate whether patient underwent procedure. [REDACTED], is requesting for Lumbar Medial branch block L3, L4, L5. The utilization review determination being challenged is dated 05/06/14. No rationale was found. [REDACTED] is the requesting provider, and he provided reports from 01/21/14 - 04/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDIAL BRANCH BLOCK, L3, L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Patient presents with chronic low back pain and leg pain with lumbar spondylolisthesis at L5 level. He has undergone right L5-S1 epidural steroid injection on 02/16/14, which did not improve his symptoms. Per treater's 03/13/14 progress report, a medial branch block with subsequent RFA is requested to help alleviate patient's back pain arising from the facet joints. According to ODG, the criteria for the use of diagnostic blocks for facet mediated pain is "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." In this case, the patient had an ESI to presumably treat the patient's radicular symptoms. The patient is noted to suffer from leg symptoms as well. ODG does not support facet evaluation when radicular symptoms are present. The request is not medically necessary.