MAXIMUS Federal Services

Case Number:	CM14-0082891		
Date Assigned:	07/21/2014	Date of Injury:	01/12/2007
Decision Date:	08/26/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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. 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 50 year old male with the date of injury 1/12/2007, who complains of chronic low back pain with radiation into B/L lower extremities, S/P lumbar spine surgery (L4-5 fusion, decompression and hardware removal). He has previously undergone facet / medial branch block and had 80% relief. He also had B/L L5-S1 lumbar medial branch / facet block on 3/10/14 without pain relief. On 4/25/14, he is noted he had relief for two months after facet block. He also has a history of diabetes, dyslipidemia, smoking, erectile dysfunction. Exam has showed tenderness in the midline L3-S1 region and left paraspinal, greater trochanters, positive compression test with increased pain with extension for more than 5 degrees, myofascial spasm and trigger points at L3-4. His medications include Ambien, Nortriptyline and Hydrocodone. Diagnosis: Status post L4-5 fusion with hardware removal and revision decompression, thoracic spine strain / arthrosis, B/L hip greater trochanter bursitis. The recommendations were medications, acupuncture, aquatic therapy, psychiatry and cardiology referral, B/L L5-S1 medial branch nerve radiofrequency ablation and continued acupuncture. Previous request for bilateral L5-S1 medical branch nerve injection was not certified on 05/23/2014 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 medial branch nerve injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty))>.

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute.According to the ODG, the criteria for use of diagnostic blocks for facet mediated pain; One set of diagnostic medial branch block with at least 70% relief lasting at least 2 hours; AND pain is non-radicular, AND no history of prior fusion and no plan for spinal surgery, AND failure of conservative management (i.e. PT, NSAIDs), AND no more than two joints are injected in one session. In this case, the records show that the injured worker has radiating pain into both lower extremities. There is no documentation of trial and failure of conservative management such as physical therapy. Therefore, the request is considered not medically necessary according to the guidelines.