

Case Number:	CM14-0097785		
Date Assigned:	07/25/2014	Date of Injury:	10/26/2000
Decision Date:	08/28/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 58 year old female presenting with chronic pain following a work related injury on 10/06/200. On 06/12/2014, the she complained of pain in the right buttock and hip having partial relief with Morphine 60 mg per day, Fiorinal and Tizanidine. The injured worker has tried various opioid medications, physical therapy and modified without long term benefit. She has had a left C3-6 radiofrequency with benefit but with continued to have constant headaches as well as tightness in the shoulders and neck. The 10/27/2008 MRI of the lumbar spine and 10/31/2008 EMG/NCS was reportedly normal. The physical examination showed gait favored in her right leg, right low back pain with lumbar extension and rotation, right pelvis one inch lower than the left, tenderness over the right greater trochanter and sacroiliac joint. The claimant was diagnosed with right lumbar facet pain with secondary sacroilitis. The request for authorization is for lumbar medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back- Acute and Chronic; Facet joint pain, signs and symptoms.

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

Decision rationale: Medial branch block of the lumbar spine is not medically necessary. The Occupation Medicine Practice guidelines criteria for use of diagnostic facet blocks require that the clinical presentation be consistent with facet pain. Treatment is also limited to patients with low back pain that is non-radicular and had no more than 2 levels bilaterally with documentation of failed conservative therapy (e.g. home exercise, physical therapy, and non-steroidal anti-inflammatory drug (NSAIDs)). In addition, conservative treatment prior to the procedure should last at least 4-6 weeks. The medical records did not note the exact level of facet pain nor did the request for authorization designate the levels to be treated. Therefore, the request is not medically necessary.