MAXIMUS Federal Services

Case Number:	CM14-0208398		
Date Assigned:	12/22/2014	Date of Injury:	05/28/2012
Decision Date:	05/01/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 who sustained an industrial injury on May 28, 2012 falling down a flight of stairs. Latest magnetic resonance imaging (MRI) was documented in December 2012. The injured worker was diagnosed with trochanteric bursitis, myofascial pain syndrome, lumbosacral facet arthropathy and fibromyalgia. Past treatments included physical therapy, medications and chiropractic therapy. The 2012 MRI of the lumbar spine was noted to show L2-L3 disc bulge and mild degenerative disc disease. According to the primary treating physician's progress report on October 16, 2104, the patient continues to experience low back pain and increased right hip pain. Examination of the lumbar spine demonstrated no limitations with range of motion and no spinal process tenderness. On palpation trigger points were noted with radiating pain bilaterally. Lumbar facet loading and straight leg raise were documented as negative bilaterally. Reflexes were equal and symmetrical. Examination of the hip demonstrated tenderness over the greater trochanters with multiple trigger points over both ilio-tibial bands. Gait was normal. Current medications are listed as Cyclobenzaprine, Gabapentin, Naproxen, Tramadol and topical ointments. Treatment plan consists of continuing medications and exercise as tolerated along with the requested authorization for a bilateral median branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch block fluoroscopic guidance x1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 90792.2,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterLow and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain injections can be utilized in the treatment of low back pain when conservative treatments with medications and PT have failed. The guidelines recommend that lumbar facet injections can be utilized for the treatment of non radicular lumbar facet pain. The records did not show subjective, objective and radiological findings consistent with lumbar facet syndrome. The most significant finding was trochanter tenderness and tender trigger points. There is no report of positive provocative tests or objective findings confirming the diagnosis of lumbar facet syndrome. The criteria for Bilateral Lumbar Median Branch Blocks fluoroscopic guidance was not met. Medically necessary and appropriate.