

Case Number:	CM15-0131714		
Date Assigned:	07/17/2015	Date of Injury:	07/25/2011
Decision Date:	08/21/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female, who sustained an industrial injury on 7/25/11. The injured worker has complaints of low back pain. The documentation noted tenderness to palpation of the right PSIS (posterior superior iliac spine). The diagnoses have included spinal cord stimulator; failed back surgery syndrome; lumbar degenerative disc disease with radiculopathy and sacroiliitis. Treatment to date has included spinal cord stimulator; physical therapy; left L5, S1 (sacroiliac), S2, S3 radiofrequency rhizotomy; neurontin; flexeril and pool exercises. The request was for medial branch block level L5-S1, S1-S2, S2-S3 right side

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block level L5-S1, S1-S2, S2-S3 right side: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Chapter Low Back (Acute and Chronic) last updated 05/15/15 medial branch blocks.

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 - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The patient presents with low back pain. The request is for MEDIAL BRANCH BLOCK LEVEL L5-S1, S1-S2, S2-S3 RIGHT SIDE. The request for authorization is dated. The patient is status post LEFT L5, S1, S2, S3 radiofrequency rhizotomy, 05/05/15, with greater than 70% relief on the LEFT side but now she is having pain on the RIGHT side. Physical examination reveals she is tender to palpation to her RIGHT PSIS. She is in physical therapy and riding a stationary bike which she feels has flared her pain. She gets nausea and vomiting and she continues to complain of LEFT lower extremity radicular pain. Patient's medications include Percocet and Flexeril. Per AME report dated 04/26/15, the patient is not employed. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non- radicular and at no more than two levels bilaterally." "There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Treater does not discuss the request. It is not known what the treater is actually asking for, SI joint or facet joint evaluation. There are no facet joints below L5-S1 and SI joints are tested via intra-articular joint injections typically and not via dorsal medial branch blocks. Per progress report dated 06/05/15, physical examination of the lumbar spine reveals tender to palpation to her RIGHT PSIS and treater does not document any neurological deficits or radicular findings. However, per AME report dated 04/26/15, evaluator notes, "Pain also radiates to the right lower extremity as far distally as the foot, and the patient notes right lower extremity pain as resistant to neurostimulation." Physical examination of the lumbar spine reveals straight leg raise is positive bilaterally. ODG guidelines limits medial branch blocks to patients with low back pain that is non-radicular. In this case, the patient has radicular pain and positive straight leg raise. If the request was for SI joint evaluation, the guidelines do not support SI joint injections without a clear documentation of SI joint via at least 3 positive exam findings. The request IS NOT medically necessary.