

Case Number:	CM15-0022937		
Date Assigned:	02/12/2015	Date of Injury:	12/02/2008
Decision Date:	04/08/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

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 58-year-old female who reported an injury on 12/02/2008. The mechanism of injury was cumulative trauma. She is status post discectomy and fusion at L4-5 and L5-S1. Other past treatments were noted to include epidural steroid injection and medications. Here symptoms are noted to include low back pain rated 4/10. Physical examination was unremarkable. It was noted that previous MRI revealed multilevel facet arthropathy, which was noted to be the possible primary pain generator. The treatment plan included participation in home exercise, medication refills, and medial branch block at L3, L4, and L5 to determine if the injured worker is a candidate for radiofrequency rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3, L4, L5 Medial Branch Block: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint diagnostic blocks (injections).

Decision rationale: According to the California MTUS/ACOEM Guidelines, facet neurotomies should not be performed until appropriate investigation with medial branch diagnostic blocks. More specifically, the Official Disability Guidelines state that medial branch block are recommended prior to proceeding with neurotomy. The criteria for use of diagnostic medial branch block include a clinical presentation consistent with facet joint pain, nonradicular pain, symptoms at no more than 2 levels bilaterally, and failure of conservative treatment to include home exercise, physical therapy, and NSAIDs. The guidelines also specify that diagnostic facet blocks should not be performed in patients who have had a previous fusion at the planned injection level. The clinical information submitted for review indicated that the injured worker has significant low back pain and had facet arthropathy on MRI. However, there were no physical examination findings suggestive of facet joint pain provided within the documentation. In addition, the injured worker has had a lumbar fusion at the planned injection levels. Therefore, the criteria for medial branch blocks at L3, L4, and L5 are not met. As such, the request is not medically necessary.