

Case Number:	CM15-0027564		
Date Assigned:	02/19/2015	Date of Injury:	02/23/2002
Decision Date:	04/06/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/12/2015

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 58 year old female, who sustained an industrial injury on 2/23/02. The injured worker has complaints of low back pain radiating to her right leg. The diagnoses have included lumbar degenerative disc disease. Treatment to date has included right total hip arthroplasty for avascular necrosis; medial branch block; water aerobics on her own with good benefits and medications. According to the utilization review performed on 1/15/15, the requested Diagnostic Medial Branch Block L2, L3, L4, L5 on the right side (lower back area, lumbar and/or Sacral Vertebrae) (Vertebra NOC Trunk) has been non-certified. ACOEM Occupational Medicine Practice Guidelines, Second Edition, Official Disability Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Medial Branch Block L2, L3, L4, L5 on the right side (lower back area, lumbar and/or Sacral Vertebrae) (Vertebra NOC Trunk): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Facet joint diagnostic blocks.

Decision rationale: Per the 01/11/15 report the patient presents with lower back pain radiating to the right leg with improving back pain s/p hip surgery date unspecified. She is also s/p 02/09/10 Right Pulsed RF at L5 and L2-L5 MBB RF that successfully resolved radicular leg pain. The current request is for DIAGNOSTIC MEDIAL BRANCH BLOCK RIGHT L2, L3, L4, L5 ON THE RIGHT SIDE per the 01/11/15 RFA. The reports do not state if the patient is working. ODG, Low Back Chapter, Facet joint diagnostic blocks guidelines state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally and the patient must have facet pathology. Furthermore documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. In this case, the treater states there is a component of recently improved right L5 or S1 radiculopathy with marked facet syndrome signs. Examination reveals facet loading signs, focal low back pain and negative straight leg raise. The treating physician states this request is for a repeat test LMBB to, "address the L3, L4, and L5 facet joints on the right side." However, guidelines allow no more than two levels bilaterally. In this case the request IS NOT medically necessary.