

Case Number:	CM15-0222378		
Date Assigned:	11/18/2015	Date of Injury:	06/06/2014
Decision Date:	12/24/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/12/2015

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: Emergency Medicine

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 56 year old male who sustained an industrial injury on 6-6-14. Medical records indicate that the injured worker has been treated for pelvic fracture (6-6-15); closed fracture of lumbar vertebral body (6-6-15); pelvic, status post screw fixation (6-10-15); sacroiliitis. He currently (10-8-15) has issues with prolonged positions and transitioning from sit to stand but improved low back pain. Physical exam revealed tenderness of the mid-lower lumbar paraspinals, positive facet loading; minimal sacroiliac tenderness; positive Faber's test; decreased bilateral hip range of motion. An MRI of the lumbar spine (4-1-15) revealed compression deformity at L1, mild multi-factorial degenerative changes at T11 and L1-2, degenerative disc disease and facet arthropathy at L3-4 through L5-S1. Treatments to date include medication: Opana, Norco with benefit, Miralax, Neurontin; injections lumbar medial branch block (12-2014) and per the 8-27-15 note 60% improvement; functional capacity evaluation (9-28-15); left sacroiliac joint injections (5-28-15); right sacroiliac joint injection (6-5-15); physical therapy (date of discharge 8-7-15 due to plateauing towards the achievement of goals). The request for authorization dated 10-12-15 was for facet block, medial branch block bilateral times 2. On 10-20-15 Utilization review non-certified the request for facet block, medial branch block bilateral times 2, modified to bilateral lumbar medial branch block at no more than 2 facet joint levels times 1 session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Block/Medial Branch Block, bilateral x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Facet Block/Medial Branch Block, bilateral x2, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has issues with prolonged positions and transitioning from sit to stand but improved low back pain. Physical exam revealed tenderness of the mid-lower lumbar paraspinals, positive facet loading; minimal sacroiliac tenderness; positive Faber's test; decreased bilateral hip range of motion. An MRI of the lumbar spine (4-1-15) revealed compression deformity at L1, mild multi-factorial degenerative changes at T1-11 and L1-2, degenerative disc disease and facet arthropathy at L3-4 through L5-S1. Treatments to date include medication: Opana, Norco with benefit, Miralax, Neurontin; injections lumbar medial branch block (12-2014) and per the 8-27-15 note 60% improvement; functional capacity evaluation (9-28-15); left sacroiliac joint injections (5-28-15); right sacroiliac joint injection (6-5-15); physical therapy (date of discharge 8-7-15 due to plateauing towards the achievement of goals). The treating physician has not sufficiently documented the medical necessity for another medial branch block (previous one in 2014) instead of progressing to a neurotomy. The criteria noted above not having been met, Facet Block/Medial Branch Block, bilateral x2 is not medically necessary.