

Case Number:	CM15-0057959		
Date Assigned:	04/02/2015	Date of Injury:	04/07/2001
Decision Date:	05/08/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/26/2015

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(n) 54 year old male, who sustained an industrial injury on 4/7/01. He reported pain in the lower back, buttock, hips and thighs. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy. Treatment to date has included a sacroiliac joint injection in 12/2014 and pain medications. As of the PR2 dated 2/18/15, the injured worker reports 7/10 pain in the lower back without pain medications. The treating physician noted moderate to severe muscle spasms and tenderness overlying the lumbar facets and a positive Faber test on the left. The treating physician requested a diagnostic medial branch block bilateral medial branches at L3-L4 and dorsal rami L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic median branch block bilateral medial branches L3-4 and Dorsal Rami L5:

Overtuned

Claims Administrator 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).

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

Decision rationale: Based on the 2/18/15 progress report provided by the treating physician, this patient presents with low back pain rated 7/10 on VAS scale, and left knee/leg pain. The treater has asked for diagnostic medial branch block bilateral medial branches L3-4 and dorsal rami L5 on 2/18/15. The request for authorization was not included in provided reports. The patient had tingling down his left lower extremity per 10/21/14 report. In the requesting progress report dated 2/18/15, treater states: "his presentation is changed and appears to be more related to facet joints unless otherwise indicated by a repeat MRI scan". If the patient has 70% pain relief during the local anesthetic phase, we'll proceed with radiofrequency rhizotomy. The patient's pain increases to the extent that he is not able to perform his ADLs without significant discomfort per 2/18/15 report. The patient uses a cane for ambulation per 11/21/14 report. The patient's current medications are Norco, Morphine, Klonopin, Norflex, Ambien, Prilosec, and Celebrex per 2/18/15 report. The patient has not had prior medial branch blocks per review of reports. The patient's work status is not included in the provided documentation. 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. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. Franklin, 2008" Per progress report dated 2/18/15, treater plans "diagnostic median branch block bilateral medial branches L3-4 and dorsal rami L5." A lumbar MRI shows "severe facet arthritis. Bilateral L4-5 and L5-S1 without any evidence of nerve root compression." "In this case, the patient has low back pain with left knee/leg pain that no longer radiates below the knees, it does not go beyond mid thigh, and there is no tingling or numbness into the extremities" per 2/18/15 report. Physical examination showed facet joint provocation is strongly positive bilaterally, with a negative straight leg raise per 2/18/15 report. The patient does meet guideline criteria for medial branch blocks. Therefore, the request is medically necessary.