

Case Number:	CM14-0115896		
Date Assigned:	08/04/2014	Date of Injury:	07/19/2001
Decision Date:	09/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62 year old male who reported an injury on 07/19/2001. The mechanism of injury was not indicated in the clinical notes. His diagnoses included right sacroiliac joint pain, right piriformis syndrome, right hip pain, and rule out right lumbar facet mediated pain. His past treatments were comprised of injections, medications, and radiofrequency ablation of the medial branch nerves at L3/4, L4/5, and L5/S1 on 08/01/2013. The diagnostic exams were not encompassed in the clinical notes. The injured workers' surgical history was not indicated in the clinical notes. His complaints as of 07/22/2014 consisted of low back pain, right and buttock pain at pain rating of 4/10. He also complained of intermittent pain into the right calf with some numbness in his right foot. The physical exam revealed tenderness to the right lumbar facet joint, positive right lumbar pain with flexion and extension, tenderness to the right sacroiliac joint, piriformis muscle and pain to the hip/buttock with flexion. His medications comprised of Xanax, Gabapentin, Oxycodone, and Tizanidine. The treatment plan consisted of repeat radiofrequency ablation of the lumbar facets at L4-5 and L5-S1 based on the significant response to his previous procedure. A request was received for lumbar medial branch block with fluoroscopy and IV sedation. However, the rationale for request was not indicated in the clinical notes. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Blocks with Fluoroscopy: 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), Lumbar Spine; Facet Joint Diagnostic Blocks (Injections).

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, Joint Diagnostic Blocks & Facet Joint Pain, Signs & Symptoms.

Decision rationale: The request for a Lumbar Medial Branch Block with Fluoroscopy is not medically necessary. The California MTUS/ACOEM Guidelines state that facet neurotomy is only "recommended after appropriate investigation with diagnostic medial branch blocks." More specifically, the Official Disability Guidelines state that "one set of medial branch diagnostic blocks is required prior to facet neurotomy." The guidelines also state that medial branch blocks should be "limited to patients with low back pain and a clinical presentation consistent with facet joint dysfunction, evidenced by tenderness to palpation over the facet region, a normal sensory examination, and negative straight leg raise." In addition, the documentation should show failure of conservative treatment with exercise, physical therapy, and medications, for at least 6-8 weeks. Based on the clinical notes the injured worker presented with a normal straight leg raise, normal sensory exam and tenderness to palpation of the right lumbar facet joints. Therefore, the clinical presentation is consistent with facet joint pain. However, the request for lumbar medial branch blocks fails to indicate the level at which the diagnostic injection will take place and the injured worker was noted to have had previous radiofrequency ablation of the medial branch nerves at L3/4, L4/5, and L5/S1 on 08/01/2013. Additionally, the treatment plan on 07//22/2014 was for repeat radiofrequency ablation. Therefore, documentation is needed regarding the reason repeat medial branch blocks are needed prior to a repeat radiofrequency ablation if they are to be performed at the same levels. In the absence of further clarification of the requested levels, and the need for additional diagnostic blocks, the request is not supported. As such, the request is not medically necessary.

IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.