

Case Number:	CM14-0120236		
Date Assigned:	09/16/2014	Date of Injury:	10/23/1973
Decision Date:	10/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 Internal Medicine and is licensed to practice in California. 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 69-year old male, reportedly injured on 10/23/73 with history of chronic Low back pain and lumbar surgery performed in 1973. As per the medical report dated 08/19/14, the injured worker complains of unchanged pain in bilateral back with minimal radiation to posterior legs above the knee. Pain is described as aching, stabbing, with pain ranked at visual analogue scale (VAS) at 5-6/10. It is reported that the pain gets worse with walking, bending, and twisting. It is reported that medications improves the pain by 10% and without medication the injured worker would be unable to do anything. He is currently taking medications. The diagnosis is reported as 7202 Sacroilitis Nec. The physical examination demonstrated that patient walks with the limp, shoulders were level, iliac crests were level, normal thoracic kyphosis, normal lumbar lordosis, and no lateral curvature. On palpation paraspinous tenderness felt. Decreased Achilles reflexes 1/4 bilaterally and facet loading bilaterally in lumbar spine. MRI reported evidence of spinal stenosis with impingement of the right L2, bilateral L3, left L4 and bilateral. A request was made for one bilateral L4 to S2 medial branch block, one moderate sedation and one fluoroscopic guidance ND and was not certified in a prior utilization review dated 07/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L4-S2 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 (ODG): Low-back, Lumbar and Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections)

Decision rationale: Current evidence based guidelines reflect that diagnostic facet/medial branch blocks should be reserved for patients with low back pain that is nonradicular in nature and at no more than two levels bilaterally, and who have failed conservative care for at least 4 to 6 weeks prior to the procedure. Only one set of diagnostic blocks is indicated and, if successful, should proceed to radiofrequency neurotomy. There is no documentation of recent conservative care. Based on the clinical information provided, noting that the injured worker has objective findings of neurocompressive pathology on MRI and subjective complaints and physical examination findings consistent with radiculopathy, and noting that the injured worker has had two previous medial branch blocks without significant benefit, the request for one bilateral L4-S2 medial branch block is not medically necessary.

1 Moderate sedation: 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 (ODG): Low-back, Lumbar and Thoracic (Acute & Chronic)

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, Facet joint diagnostic blocks (injections)

Decision rationale: Per ODG guidelines, the use of intravenous (IV) sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. There is no indication that the injured worker suffers from extreme anxiety or needle phobia. Moreover, the request for moderate sedation is contingent upon a determination of medical necessity for the proposed lumbar medial branch blocks; which has not been established. As such, the request for moderate sedation is not medically necessary.

1 Fluoroscopic guidance: 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 (ODG): Low-back, Lumbar and Thoracic (Acute & Chronic)

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, Facet joint diagnostic blocks (injections)

Decision rationale: Fluoroscopic guidance is appropriate to assure proper location of medial branch blocks; however, the request for fluoroscopic guidance in this case is contingent upon a determination of medical necessity for the proposed lumbar medial branch blocks; which has not been established. As such, the request for fluoroscopic guidance is not medically necessary.