

Case Number:	CM14-0124238		
Date Assigned:	08/08/2014	Date of Injury:	08/04/2008
Decision Date:	10/21/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/06/2014

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 & Emergency Medicine and is licensed to practice in Florida. 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 58 year old female who was injured on 08/04/08. The injured worker's primary complaint is that of right knee pain and the injured worker is status post right knee arthroplasty in November 2009. The injured worker complains of low back pain secondary to an altered gate which was found to be industrial. Records indicate the injured worker fell on 03/06/14 which caused a flare up of low back pain. Records reference an MRI of the lumbar spine dated 06/07/12 which reportedly revealed mild facet spondylosis at L2-3 through L5-S1. X-rays of the lumbar spine dated 08/10/12 are referenced and reportedly demonstrated disc space narrowing at L1-2 with small anterior osteophytes. There were anterior osteophytes noted at L5-S1 with mild to moderate disc space narrowing. An orthopedic evaluation on 03/07/14 references the injured worker's fall the day prior and notes the injured worker rates her low back pain as a 10/10. It is noted the injured worker ambulates with a walker on this date. Physical examination reveals an inability to heel walk, a 45 forward bend with pain, a positive Faber test bilaterally and a SLR which causes low back pain and is limited to 30. Proposed treatment for the low back includes physical therapy. Orthopedic evaluation note dated 06/20/14 notes the injured worker had completed seven sessions of physical therapy and has 5 sessions remaining. This note states the injured worker saw her pain management provider who had suggested medial branch blocks which were reportedly denied. The injured worker presents with complaints of low back pain rated at a 5/10 at rest and 7/10 with activity. The injured worker is taking Norco as needed for pain. The treatment plan includes a request for medial branch blocks per the pain management provider's report. The pain management provider's report is not available for review. A request for medial branch blocks is denied by Utilization Review dated 07/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Median 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 - TWC; Integrated Treatment/Disability Duration Guidelines: Low Back Chapter: Criteria for the use of diagnostic blocks for facet "mediated" pain, Facet joint pathology

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) Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic Chapter, Facet joint diagnostic blocks (injections) and Facet joint pain, signs & symptoms

Decision rationale: ODG states the criteria for the use of diagnostic blocks for facet mediated pain includes documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks and a clinical presentation consistent with "facet joint pain, signs & symptoms", including tenderness to palpation in the paravertebral areas (over the facet region) and a normal sensory examination. It is noted the injured worker was authorized 12 sessions of physical therapy for low back complaints after the fall. Records reveal the injured worker completed at least 7 of those visits; however, physical therapy notes are not available for review and records do not describe the injured worker's response to this treatment. As such, failure to appropriately respond to conservative treatment for at least 4-6 weeks prior to the procedure is not substantiated. Moreover, the physical examinations submitted for review did not note that the injured worker demonstrated tenderness to palpation in the paravertebral areas over the facet regions. There were no recent sensory examinations of the lower extremities submitted for review. Records do not indicate at which level the injured worker is suspected to have facet mediated pain. The request does not denote at which level the proposed medial branch block is to be performed. Based on the clinical information provided, medical necessity of a medial branch block is not established.