

Case Number:	CM14-0146677		
Date Assigned:	09/12/2014	Date of Injury:	07/17/2009
Decision Date:	10/15/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational 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 female with date of injury 7/17/2009. Per pain management progress note dated 8/7/2014, the injured worker complains of low back pain. Symptoms remain similar to previous visit. She continues to complain of right hip and buttock pain. She states she has been dealing with the pain the best she can. Low back pain has improved since lumbar radiofrequency in November 2013. Medications are well tolerated and help to keep pain tolerable. She takes Oxycodone for pain relief, Flexeril for muscle spasms, Tizanidine for sleep and muscle spasms, Cymbalta for pain and depression, and Flector patches for topical pain relief. She has increased right sided lumbar pain that had been successfully treated with radiofrequency in 2013 with 9 months of significant pain relief with improvement in mobility and activity. Recent return of symptoms is unrelieved with medications or exercise. On examination there is a lumbar fusion scar. There is moderate facet joint tenderness on right of lumbar spine. Lumbar range of motion reveals moderate discomfort with extension and rotation lumbar spin on the right side. There is tenderness over the right sacroiliac joint, trochanter and piriformis. Faber's test positive on the right, and distraction test is positive. There is discomfort with flexion and internal rotation of right hip. Lower extremities have mild pedal edema. Straight leg raise is negative. Motor testing and sensory exam is normal. Diagnoses include 1) rule out right lumbar facet pain 2) right piriformis syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Medial Branch Block to Test L4-5, L5-S1 Under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 79, 81.

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 chapter, Facet Joint Diagnostic Blocks (Injections) section

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. The requesting physician reports that the injured worker had 9 months of benefit from her previous radiofrequency treatment. The claims administrator notes however that clinical documents in March 2014, just 4 months following her procedure, that it was noted there was not benefit noted from the radiofrequency treatment. She is noted to be no better, not returned to work, and requires significant doses of opiates and complains of impairment in all daily living activities. The request for Right Lumbar Medial Branch Block to Test L4-5, L5-S1 Under Fluoroscopy is not be medically necessary.

1 IV Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 79, 81.

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 chapter, Facet Joint Diagnostic Blocks (Injections) section

Decision rationale: Medical necessity for medial branch block has not been established and is therefore not approved. IV sedation in support of this procedure is therefore not indicated. The request for 1 IV Sedation is determined to not be medically necessary.