

Case Number:	CM14-0183517		
Date Assigned:	11/10/2014	Date of Injury:	06/22/2012
Decision Date:	12/15/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/04/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 68 year old male with an injury date on 06/22/12. Based on the 10/15/14 handwritten progress report provided by the treating physician, the diagnoses are: 1. Myofascial Pain Syndrome 2. Cervical spine strains 3. Lumbar spine strains 4. Right knee pain 5. Bilateral Lumbosacral Facet Syndrome According to this report, the patient complains of lumbosacral pain area. Pain increased when bend and twist to either side. Exam findings show Mc Murray test is positive. There were no other significant findings noted on this report. The utilization review denied the request on 10/22/14. The requesting provider provided treatment reports from 10/15/14 to 11/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block L3-S1: 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), facet/medial branch block

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 chapter

under Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections)

Decision rationale: According to the 10/15/14 report, this patient presents with lumbosacral pain. The treating physician is requesting bilateral medial branch block L3-S1. Regarding medial branch blocks, MTUS does not address it, but ODG low back chapter recommends it for "low-back pain that is non-radicular and at no more than two levels bilaterally." Review of the reports does not show evidence of prior MBB. Based on 11/02/14 appeal report, the patient has "tenderness to palpation in the para-vertebral areas over the facet region." Evaluation of the facet joints would appear to be reasonable and consistent with ODG Guidelines. However, the treating physician is requesting a MBB at L3-S1 bilaterally for 3 level facet joints. ODG does not allow for more than 2 facet joint level evaluation at one time; therefore, the request is not medically necessary and appropriate.