

Case Number:	CM14-0080130		
Date Assigned:	09/24/2014	Date of Injury:	11/01/2001
Decision Date:	11/07/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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 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:

This patient is a 71 year old female with an injury date of 11/01/01. Based on the 4/23/14 progress report by [REDACTED], signed off by [REDACTED], this patient complains of constant dull and throbbing back pain. Her pain is increased by walking and lifting. Her pain level is reported as 9/10 without medication and 3/10 with medication. Exam of this patient's back is "(+) TTP lumbar paraspinous area and decreased ROM flexion with tenderness in left hip." Work status as of 4/23/14: Permanent and stationary treating under future medical. Diagnoses for this patient are:1. Bilateral sacroiliac dysfunction.2. Lumbar radiculopathy.3. Lumbar spondylosis.4. Lumbar facet disease.5. Obesity.6. Narcotic dependence.The utilization review being challenged is dated 5/22/14. The request is for bilateral medial branch block with fluoroscopy L3, L4, and L5 for lumbar spine. The requesting provider is [REDACTED] and he has provided various progress reports from 8/05/13 to 4/23/14. Note: Submitted documents pages 57-63, are for a 39 year old male patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block with Fluoroscopy L3, L4, and L5 for Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Low Back Chapter (online), Facet Joint Diagnostic Blocks and Facet Joint Injections

Decision rationale: This patient presents with constant dull and throbbing back pain and tenderness in the left hip. The treating physician requests bilateral medial branch block with fluoroscopy L3, L4, and L5 for lumbar spine. While CA MTUS is silent on the topic of facet blocks, ODG-TWC Low Back Procedure Summary Section (online) states that current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate function movement. Criteria for use of therapeutic intra-articular and medial branch blocks state "there should be no evidence of radicular pain, spinal stenosis, or previous fusion." The 4/23/14 report states, "Patient is seated comfortably," her pain is decreased to "3/10 with medication" and she is "very happy with Topamax." Gait is also steady. Furthermore, with the exception of tenderness in the left hip and the lumbar paraspinous areas, there is no documentation of lateralized pain. Given this patient's satisfaction with the current medication regimen, bilateral medial branch block with fluoroscopy does not appear indicated. The patient's pain level is down to 3/10 which hardly calls for spinal procedure. The request is not medically necessary and appropriate.