

Case Number:	CM14-0212281		
Date Assigned:	01/02/2015	Date of Injury:	10/14/2009
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female with date of injury of 10/14/2009. The listed diagnoses from 11/26/2014 are: 1. Lumbosacral spondylosis with myelopathy. 2. Knee/lower leg DJD. 3. Sprain and strain of the sacroiliac joint. According to this report, the patient complains of low back pain, left knee and left hip pain, which she rates 7/10 to 8/10. Her pain is constant, aching, dull, and sharp. Examination of the left knee shows tenderness to palpation at the medial facet. There is restricted left knee ligament testing. Positive McMurray's test on the left. The patient has an antalgic gait. Spasm is present in the lumbar paravertebral region. Tenderness noted in the right and left lumbar paravertebral regions at L4- L5 and L5-S1 levels. Range of motion of the lumbar spine is restricted. Straight leg raise is negative. Sensations are equal in both lower extremities. Motor strength is 5/5 bilaterally. Reflexes are 2+ and equal in the bilateral lower extremities. Treatment reports from 04/17/2013 to 12/17/2014 were provided for review. The utilization review denied the request on 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral medial branch blocks at L4/L5 and L5/S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar & Thoracic) (Acute and 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 Chapter Facet Joint Diagnostic Blocks (Injections).

Decision rationale: This patient presents with low back, left knee, and left hip pain. The treating physician is requesting 1 BILATERAL MEDIAL BRANCH BLOCK AT L4-L5 AND L5-S1. The ACOEM guidelines do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with nonradicular symptoms. No more than 2 levels bilaterally are recommended. Diagnostic facet blocks should not be performed in patients who had previous fusion. The records do not show a history of medial branch block. The examination from 11/26/2014 shows paravertebral tenderness with nonradicular symptoms at L4-L5 and L5-S1. In this case, the patient meets the criteria set by ACOEM and ODG guidelines for bilateral medial branch block. The request IS medically necessary.