

Case Number:	CM15-0000418		
Date Assigned:	01/12/2015	Date of Injury:	09/25/2012
Decision Date:	03/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	01/02/2015

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 injured worker is a 56 year old female, who sustained an industrial injury on 9/25/12 as a packer and tripped over a tangled rope and fell forward, landing in her knees and left hand onto a cement floor. Past medical history included hypertension and thyroid disease. Surgical history included left knee surgery on 12/18/13. She has reported symptoms of pain in the low back that was rated 7/10 without medications and was aggravated with sitting for long periods of time. The pain was described as throbbing, achiness, and non-radiating. The diagnostics have included electromyogram/nerve conduction studies that were normal. X-ray reports: knees had slight narrowing of the joint space medially; left wrist was negative; and lumbar spine reported a pars defect. Per the utilization report (UR), the IW had 6 authorized physical therapy sessions and acupuncture as well as chiropractic visits and a home exercise program. Per the orthopedic report on 11/12/14, examination noted diffuse tenderness to palpation over the lumbar paravertebral musculature, moderate facet tenderness over L4-S1. Recommendation at that time was to proceed with bilateral L4-S1 medial branch blocks for facet pain and facet arthropathy, per magnetic resonance imaging (MRI) scan, and surgical consultation. On 12/2/14, Utilization Review non-certified a bilateral L4-S1 medial Branch blocks (4), noting the lack of appropriate documentation per CA Medical Treatment Utilization Schedule (MTUS) Guidelines for the procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 medial branch blocks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation low back section for diagnostic facet blocks

Decision rationale: The patient is a 56 year-old female with a 9/25/2012 date of injury. According to the 12/2/14 Utilization Review cover letter, the Bilateral L4-S1 medial branch block were denied, but the attached rationale letter was mixed, and was for an interferential unit without discussion or mention of medial branch blocks. There is an 11/12/14 pain management report that states the patient presents with 7/10 non-radiating low back pain. There is paraspinal tenderness and facet loading was positive. The patient has had physical therapy and uses Norco and thyroid medication. The physician has requested diagnostic medial branch blocks. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 low back complaints, pages 300-301 states: There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG guidelines online, low back section for diagnostic facet blocks, provides more detailed information on the diagnostic medial branch blocks. The patient appears to meet the ODG criteria for the diagnostic blocks. There is low back pain, non-radicular; no more than 2-levels bilaterally; failure of conservative care; no mention of prior fusion; and no anticipated surgical procedure. Based on the available medical reports, the request for Bilateral L4-S1 medial branch block IS medically necessary.