

Case Number:	CM15-0113444		
Date Assigned:	06/19/2015	Date of Injury:	07/14/1998
Decision Date:	07/20/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/12/2015

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 53 year old female, who sustained an industrial injury on July 14, 1998. She reported low back pain and left knee pain. The injured worker was diagnosed as having failed back surgery syndrome, migraines, left knee osteoarthritis, sacroiliitis, anxiety and myofascial spasms. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the low back, conservative care, medications and work restrictions. Currently, the injured worker complains of continued low back pain, left knee pain, headaches and anxiety secondary to pain. The injured worker reported an industrial injury in 1998, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 11, 2014, revealed continued pain as noted. Urinary drug screen on November 13, 2014, revealed inconsistent findings with expectations. Evaluation on December 19, 2014, revealed continued pain as noted. She reported the prescribed pain patch was helpful but that the Norco was not strong enough for breakthrough pain. Evaluation on January 16, 2015, revealed continued pain as noted. She reported running out of pain medications again before the visit. It was noted she declined physical therapy and injections. Evaluation on April 15, 2015, revealed continued pain as noted however with the combination of current medications she noted being able to complete activities of daily living independently. The urinary drug screen was inconsistent with expectations. Bilateral medial branch blocks were requested for the sacral region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block at levels S1, S2, and S3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300. Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: It was noted the patient has declined conservative therapy for PT and injections. Recent UDS was inconsistent with prescribed medications. Per Guidelines, medial branch/facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms with leg pain complaints s/p failed back surgery. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Additionally, facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently, as in this case. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral Medial Branch Block at levels S1, S2, and S3 is not medically necessary or appropriate.