MAXIMUS Federal Services

Case Number:	CM15-0119059		
Date Assigned:	06/29/2015	Date of Injury:	01/23/2002
Decision Date:	10/02/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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, Hawaii
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 61 year old female who sustained an industrial injury on 01-23-02. Initial complaints and diagnoses are not available. Treatments to date include medications, medical branch blocks, radiofrequency neurotomy, right knee surgery, left knee replacement, and right foot surgery. Diagnostic studies are not addressed. Current complaints include pain in the right foot, right knee, low back, and neck pain. Current diagnoses include lumbar facet joint pin, left sided low back pain, right podiatric surgery, left bunion and hammertoe, cervical facet syndrome with cervicogenic headaches, cervical degenerative disc disease and facet arthropathy, occipital neuralgias, hypertension exacerbated by chronic pain, associated mood and sleep disorder, obesity, and calculus left renal pelvis. In a progress note dated 04-08-15 the treating provider reports the plan of care as continued medications as well as diagnostic right lumbar medial branch blocks. The requested treatments include right L3-4 medial branch blocks and L5 dorsal ramus block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3 & L4 Medial branch blocks: Overturned

Claims Administrator 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet joint diagnostic blocks injections.

Decision rationale: The patient presents with neck pain radiating to the jaw and right shoulder with numbness and tingling, headaches, low back, bilateral wrist, bilateral knee, bilateral foot and right ankle pain. The current request is for Right L3-L4 Medial Branch Block. The treating physician's report dated 04/08/2015 (27B) states, "Severe right lumbar paraspinous muscle tenderness. Moderate left lumbar paraspinous muscle tenderness, severe right facet joint tenderness and moderate left facet joint tenderness". No radicular symptoms were noted. The ACOEM guidelines Chapter 12 on Low Back complaints page 300 do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines under the Low Back Chapter on Facet Joint Diagnostic Block Injections also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. But it does not recommend therapeutic injections due to lack of evidence. No more than 2 levels bilaterally are recommended. The records do not show a history of medial branch block. In this case, the examination from 04/08/2015 shows severe right lumbar paraspinous tenderness with non-radicular symptoms. The patient meets the criteria based on the ACOEM and ODG guidelines for medial branch block. The current request is medically necessary.

L5 Dorsal Ramus Block under Fluoroscopy: Overturned

Claims Administrator 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet joint diagnostic blocks injections.

Decision rationale: The patient presents with neck pain radiating to the jaw and right shoulder with numbness and tingling, headaches, low back, bilateral wrist, bilateral knee, bilateral foot and right ankle pain. The current request is for L5 Dorsal Ramus Block under Fluoroscopy. The treating physician's report dated 04/08/2015 (27B) states, "Severe right lumbar paraspinous muscle tenderness. Moderate left lumbar paraspinous muscle tenderness. Severe right facet joint tenderness and moderate left facet joint tenderness" no radicular symptoms were noted. The report making the request was not made available. The ACOEM guidelines Chapter 12 on Low Back complaints page 300 do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines under the Low Back Chapter on Facet Joint Diagnostic Block Injections also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. But it does not

recommend therapeutic injections due to lack of evidence. No more than 2 levels bilaterally are recommended. Medical records do not show any previous L5 Dorsal Ramus Block. In this case, the patient does present with paraspinous tenderness with non-radicular symptoms and the request is within the ACOEM and ODG Guidelines. The current request is medically necessary.