

Case Number:	CM15-0025555		
Date Assigned:	02/18/2015	Date of Injury:	05/21/2009
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/10/2015

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 61 year old female with an industrial injury dated May 21, 2009. The injured worker diagnoses include bilateral lumbar facet pain, lumbar pain and right piriformis syndrome. She has been treated with diagnostic studies, radiographic imaging, bilateral lumbar radiofrequency in June 2014, prescribed medications and periodic follow up visits. In a progress note dated 1/8/2015, the injured worker reported low back pain and right leg pain. Physical exam revealed mild tenderness of bilateral lumbar facet joints, left greater than right. Treating physician noted mild to moderate pain with lumbar range of motion. Tenderness to pelvis palpitation was noted on right piriformis muscle and right greater trochanter. Documentation also noted hip and buttock pain with hip flexion and internal rotation. The treating physician prescribed bilateral lumbar branch block x2 and additional level x2 with fluoro. Utilization Review determination on January 21, 2015 denied the request for bilateral lumbar branch block x2 and additional level x2 with fluoro, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar branch blocks x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter under Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the 01/08/2015 report, this patient presents with a 6/10 "right sided sciatic leg pain and numbness (globally), jabbing pain medial thigh and cramping medial calf." The current request is for Bilateral Lumbar branch blocks x 2. The request for authorization is on 01/13/2014. The patient's work status was not mentioned in the provided reports. The Utilization Review denial letter states "While there has been multiple lumbar MBB procedures, there is no documentation that these resulted in any objective functional improvement from pain relief (at least 12 weeks at > 50% relief) or that there has been any return to work activities." Regarding repeat MBB, ODG recommends medial branch block as a "diagnostic tool" and "recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy" The requested repeat MBB is not supported by ODG as the guideline states, "Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." In this case, the provided reports indicate the patient had a radiofrequency ablation in June 2014 which "helped to reduce low back" for about 7 months. However, the treating physician does not provide a rationale as to why the patient would require another diagnostic MBB if the radiofrequency neurotomy has been performed at the same levels. Furthermore, the ODG guidelines does not support repeat medical branch blocks. The request IS NOT medically necessary.

Additional level x2 with fluoro: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter under Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the 01/08/2015 report, this patient presents with a 6/10 "right sided sciatic leg pain and numbness (globally), jabbing pain medial thigh and cramping medial calf." The current request is additional level x2, with fluoro. The request for authorization is on 01/13/2014. The patient's work status was not mentioned in the provided reports. The Utilization Review denial letter states "While there has been multiple lumbar MBB procedures, there is no documentation that these resulted in any objective functional improvement from pain relief (at least 12 weeks at > 50% relief) or that there has been any return to work activities." Regarding repeat MBB, ODG recommends medial branch block as a "diagnostic tool" and "recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy." The requested repeat MBB is not supported by ODG as the guideline states, "Diagnostic blocks may be

performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." In this case, the provided reports indicate the patient had a radiofrequency ablation in June 2014 which "helped to reduce low back" for about 7 month. However, the treating physician does not provide a rationale as to why the patient would require another diagnostic MBB if the radiofrequency neurotomy has been performed at the same levels. Furthermore, the ODG guidelines does not support repeat medical branch blocks and no more than 2 joint levels may be blocked at any one time. Therefore, the request IS NOT medically necessary.