

Case Number:	CM14-0140476		
Date Assigned:	09/10/2014	Date of Injury:	11/12/1992
Decision Date:	10/07/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in : Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 who was injured on 11/12/1992. The mechanism of injury is unknown. Prior medication history included Gabapentin, oxycontin, Topamax, Percocet, and Lidoderm. Prior treatment history has included radiofrequency neurotomy with 19 months relief last on 01/02/2013. Progress report dated 08/25/2014 indicates the patient's pain has become agonizing for her. She had left-sided dorsal thoracic pain and is aggravated by prolonged activity. On exam, there is the patient of the right paraspinal muscles and left thoracic paraspinal muscles. There was limited range of motion of the thoracic spine and muscle strength was 5/5. The patient is diagnosed with thoracic sprain/strain, thoracic spondylosis with facet pain. The patient has been recommended for a T12, L1-2 medial branch block. Prior utilization review dated 08/19/2014 states the request for Diagnostic medial branch block at T12-L1 and L1-L2 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic medial branch block at T12-L1 and L1-L2: Upheld

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 - Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections)

Decision rationale: CA MTUS is silent regarding the request. According to the Official Disability Guidelines, Facet joint diagnostic blocks are recommended no more than one set of medial branch diagnostic blocks prior facet neurotomy and limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally. There must also be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs. There is no supporting documentation of failed conservative treatment including physical therapy and home exercise programs which do not meet the guideline recommendation. Therefore, the request is not medically necessary at this time.