

Case Number:	CM14-0173255		
Date Assigned:	10/24/2014	Date of Injury:	08/08/2007
Decision Date:	11/25/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/20/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 male with an injury date of 08/08/07. Based on the 09/08/14 hours report provided by [REDACTED] the patient complains of lower back rated 2-8/10, extending into the tops of the right and left hips. Physical examination of the lumbar spine revealed decreased range of motion secondary to pain, and lumbar paraspinal muscle spasms without tenderness. Sensation was intact overall dermatomes in the lower extremities. Provider states patient is experiencing pain on the left side, therefore, he is requesting for a bilateral L2, L3, and L4 medial branch block as well as bilateral L5 dorsal ramus block. Patient remains permanent and stationary. Progress report dated 06/16/14 states patient is recovering from right knee total knee replacement approximately 6 weeks ago. He is currently on Percocet and Oxycontin. [REDACTED] is requesting Bilateral L2, L3, and L4 medical branch block, low back x4 and bilateral L5 dorsal ramus block, left hip (quantity 6). The utilization review determination being challenged is dated 10/17/14. The rationale is "no specific areas of patient's physical exam indicated facet mediated pain..." [REDACTED] is the requesting provider and who provided treatment reports from 02/18/14 - 09/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2, L3, L4 medical branch block, low back x 4 and bilateral L5 dorsal ramus block, left hip (quantity 6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter

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 (Acute & Chronic) Chapter, Facet Joint Diagnostic Blocks Injections

Decision rationale: The patient presents with lower back rated 2-8/10, extending into the tops of the right and left hips. The request is for Bilateral L2, L3, L4 medial branch block, low back x4 and bilateral L5 dorsal ramus block, left hip (quantity 6). Physical examination of the lumbar spine on 09/08/14 revealed decreased range of motion secondary to pain, and lumbar paraspinal muscle spasms without tenderness. Progress report dated 06/16/14 states patient is recovering from right knee total knee replacement approximately 6 weeks ago, and he is currently on Percocet and Oxycontin. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint diagnostic blocks (injections): "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels)." Provider states in progress reports dated 09/08/14, that patient is experiencing pain on the left side, therefore, he is requesting for a bilateral L2, L3, L4 medial branch block as well as bilateral L5 dorsal ramus block. Provider has not provided a diagnosis, nor has he documented that pain is facet mediated and non-radicular on physical examination. Furthermore, the request is for 3 facet joint levels. The request does not meet guideline criteria. Therefore, this request is not medically necessary. Treater states in progress reports dated 09/08/14, that patient is experiencing pain on the left side, therefore, he is requesting for a bilateral L2, L3, L4 medial branch block as well as bilateral L5 dorsal ramus block. Treater has not provided a diagnosis, nor has he documented that pain is facet mediated and non-radicular on physical examination. Furthermore, the request is for 3 facet joint levels. The request does not meet guideline criteria. Recommendation is for denial.