

Case Number:	CM13-0001689		
Date Assigned:	05/02/2014	Date of Injury:	07/17/2006
Decision Date:	12/04/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/16/2013

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 Pain Medicine 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:

This is a patient with a date of injury of July 17, 2006. A utilization review determination dated July 2, 2013 recommends non-certification for bilateral L2, L3, and L4 medial branch blocks. Non-certification was recommended since the patient had similar blocks in the past with no documentation of benefit as well as the patient having previously undergone rhizotomy without improvement. A progress report dated December 11, 2013 indicates that the patient previously underwent a lumbar fusion at L5-S1 and is awaiting bilateral L2, L3, L4 medial branch nerve blocks. The patient states that he has had no radicular complaints in the past but is getting an aching right foot. Physical examination findings reveal tenderness the palpation over the lumbar spine with spasm, normal extension, and in normal flexion. Diagnoses include failed back surgery syndrome radiculopathy, lumbago, muscle spasm, and degenerative disc disease. Physical the treatment plan recommends continuing the patient's current medication, states that the patient has positive facet loading and tenderness around L3-L4 and L4-L5, and recommends bilateral medial branch blocks at L2, L3, and L4. Progress report dated March 6, 2013 states that the patient previously underwent rhizotomy at L3, L4, and L5 in June with no long-term relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral L2, L3, L4 median nerve branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic), Facet Joint Radiofrequency Neurotomy

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it appears the patient has undergone radiofrequency ablation at the requested levels previously. The requesting physician states that the patient had no prolonged benefit from the previous radiofrequency rhizotomy. Therefore, it is unclear why medial branch blocks are being requested presumably to repeat the rhizotomy. Guidelines do not support repeat rhizotomy in the absence of analgesic benefit and functional improvement. In the absence of clarity regarding those issues, the currently requested lumbar medial branch blocks are not medically necessary.