

Case Number:	CM13-0006978		
Date Assigned:	01/03/2014	Date of Injury:	02/22/2011
Decision Date:	05/19/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/05/2013

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 Occupational 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:

According to the records made available for review, this is a 55-year-old male with a 2/22/11 date of injury. At the time (7/23/13) of request for authorization for 3 right medial branch nerve block at levels L3-L4, L4-L5, and L5-S1, there is documentation of subjective findings of constant lower back pain, going into the right side and into the right hip area, groin area, into the thigh and objective findings of pain to palpation over the paraspinal muscles on the right side at L3, L4, and L5, positive facet loading to the right, numbness to light touch over the medial and anterior aspect of the right thigh, 4/5 muscle strength RLE muscle. The imaging findings of L/S MRI (8/29/12) report revealed L3-4 1-2 mm bilateral paracentral disc bulges with partial narrowing of the thecal sac; L4-5 1-2 mm diffuse disc bulges with 1 mm annular tear causing partial narrowing of the thecal sac and moderate facet arthropathy, L5-S1 1-2 mm diffuse posterior disc bulge with 1 mm annular tear. The current diagnosis is facet arthropathy, right thigh numbness. The treatment to date includes medications including Naproxen and PT a year ago, per 7/11/13 medical report. There is no documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of additional conservative treatment including home exercise and PT prior to the procedure for at least 4-6 weeks, and that no more than 2 joint levels are to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 RIGHT MEDIAL BRANCH NERVE BLOCK AT LEVELS L3-L4, L4-L5, AND L5-S1:
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 Chapter , Criteria For The Use Of Diagnostic Blocks For Facet Mediated Pain.

MAXIMUS 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, Medial Branch Blocks.

Decision rationale: The California MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment including home exercise, PT, and NSAIDs prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of facet arthropathy and right thigh numbness. In addition, there is documentation of failure of conservative treatment (NSAIDs). However, given documentation of numbness to light touch over the medial and anterior aspect of the right thigh and 4/5 muscle strength RLE muscles, there is no documentation of low-back pain that is non-radicular and at no more than two levels bilaterally. In addition, given 7/11/13 medical report documentation that patient had PT a year ago; there is no documentation of failure of additional conservative treatment including home exercise and PT prior to the procedure for at least 4-6 weeks. Furthermore, given that the request is for right medial branch nerve block at levels L3-L4, L4-L5, and L5-S1, there is no documentation that no more than 2 joint levels are to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for 3 right medial branch nerve block at levels L3-L4, L4-L5, and L5-S1 is not medically necessary.