

Case Number:	CM13-0008091		
Date Assigned:	09/11/2013	Date of Injury:	11/09/2011
Decision Date:	01/30/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois, Indiana, and Texas. 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 physician 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 47-year-old female who reported an injury on 11/09/2011. The mechanism of injury was not provided. The patient was noted to have low back pain. The pain was noted to fluctuate depending on the patient's activity level. The request was made for a medial branch block at L3-4, L4-5 and L5-S1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Blocks (site: L3-L4, L4-L5 and L5-S1 side: both): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Blocks, online version.

Decision rationale: The Physician Reviewer's decision rationale: ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. As such, there is the application of the Official Disability

Guidelines, which indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, the patient have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical documentation submitted for review indicated that the patient had no neural tension signs, no diminished reflexes and no positive straight leg raise, sensory or motor weakness issues. The patient was noted to have positive facet pain, pain with loading and a Kemp's maneuver. While the patient was noted to have met the criteria for the use of a diagnostic block objectively with examination findings, there was a lack of documentation indicating the failure of conservative treatment prior to the procedure for at least 4 to 6 weeks, and there was a lack of documentation indicating the necessity for 3 levels. As per the Official Disability Guidelines, no more than 2 facet joint levels are injected in 1 session. Given the above, the request for medial branch blocks (site: L3-4, L4-5 and L5-S1, side: both) is not medically necessary.