

Case Number:	CM13-0013511		
Date Assigned:	11/08/2013	Date of Injury:	11/09/2010
Decision Date:	04/28/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/19/2013

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 57 year old male who suffered a work injury dated November 9, 2010. His diagnoses have included lumbosacral spondylosis, lumbosacral neuritis, lumbar/lumbosacral disc degeneration, lumbar disc displacement. There is a request for the medical necessity of outpatient medial branch nerve block bilaterally at L2-L3, L3- L4, L4-L5, and L5-S1 at the same time . There is an interventional pain office visit on 7/16/13 with a treating physician who states that the patient is status post 3 level transforaminal epidural steroid injections with 100% complete resolution of his lower extremity numbness and pain. His complaints on this date were mostly of axial pain bilaterally from L2-S1. Pain is worse with bending, flexion, and lateral rotation. He states the left may be slightly more affected than the right. The patient's primary care physician has changed his oral pain meds from Vicodin to Methadone. According to Final Determination Letter for IMR Case Number [REDACTED] 3 the documentation, the patient has also had physical therapy and pain medications as part of his treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MEDIAL BRANCH NERVE BLOCK BILATERALLY AT L2-L3, L3-L4, L4-L5, AND L5-S1 AT THE SAME TIME: 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).

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), Section Low Back, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: Outpatient medial branch nerve block bilaterally at L2-L3, L3-L4, L4-L5, and L5-S1 at the same time is not medically necessary according to the MTUS and ODG guidelines. The ACOEM guidelines indicate that facet-joint injections of cortisone and lidocaine are of questionable merit.. 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 pain. The ODG guidelines indicate that one of the criteria for use of diagnostic blocks for facet mediated pain is that no more than 2 facet joint levels are injected in one session. The request exceeds more than 2 facet joint levels . The request, therefore for outpatient medial branch nerve block bilaterally at L2-L3, L3-L4, L4-L5, and L5-S1 at the same times is not medically necessary.