

Case Number:	CM13-0019304		
Date Assigned:	10/11/2013	Date of Injury:	02/11/2013
Decision Date:	02/04/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	09/03/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 37-year-old male with a reported date of injury on 02/11/2013. The patient presented with pain the lumbar spine, tenderness of the thoracolumbar spine and paravertebral musculature, restricted range of motion in the back, and abnormal posture. The patient had numbness and tingling of the lower extremities and a positive straight leg raise bilaterally. The patient had diagnoses including sprained lumbosacral and muscle spasm back. The physician's treatment plan included a request for bilateral medial branch blocks at the L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block at the L4-5 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 (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet Joint diagnostic blocks.

Decision rationale: The CA MTUS guidelines do not address medial branch blocks. ACOEM states, invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The ODG further state, the patients clinical presentation

should be consistent with facet joint pain, signs & symptoms. The ODG note the use of medial branch blocks is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, there is documentation of 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 facet joint levels are injected in one session (see above for medial branch block levels). Within the provided documentation, the requesting physician did not include adequate documentation of significant signs and symptoms of facetogenic pain. Additionally, the requesting physician noted the patient had numbness and/or tingling of the lower extremities as well as a positive bilateral straight leg raise. The Guidelines note medial branch blocks are not recommended for patients with radicular findings. Therefore, the request for bilateral medial branch blocks at the L4-5 and L5-S1 is neither medically necessary nor appropriate.