

Case Number:	CM13-0023937		
Date Assigned:	12/04/2013	Date of Injury:	10/25/2010
Decision Date:	02/19/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/13/2013

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 and Rehabilitation, and is licensed to practice in Illinois. 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 32-year-old male who reported injury on 10/25/2010. The mechanism of injury was noted to be falling from a ladder at work. The patient's pain was noted to be a constant dull ache that does not radiate. Physical examination revealed the patient had facet tenderness that was positive in the lumbar spine bilaterally. The pain was noted to be focal, non-radicular, and present at L4-5 and L5-S1 nerve root distributions, and the patient was noted to have occasional muscle spasms in the right foot. The patient's diagnosis was noted to be lumbosacral spondylosis without myelopathy. The request was made for bilateral lumbar medial branch blocks at bilateral L2, L3, L4, L5, and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2, L3, L4, L5, S1 lumbar medial branch blocks under fluoroscopic guidance to lumbar spine: 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, Medial Branch Block.

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 Block.

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. The physician opined the patient was in need of a medical branch block, as such, secondary guidelines were sought. Per Official Disability Guidelines, facet joint medial branch blocks as therapeutic injections are not recommended, but are recommended as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, when the patient has 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 the patient had facet tenderness in the lumbar spine bilaterally and that the patient had no radicular pain on examination, but it failed to include what the objective findings were. As such, there was a lack of documentation indicating the patient had a normal sensory examination, had the absence of radicular findings including myotomal and dermatomal findings and the results of a straight leg raise examination were not provided. Additionally, the diagnostic medial branch block is limited to no more than 2 levels bilaterally and the requested number of levels exceeds guideline recommendations. Given the above, and the lack of documentation of exceptional factors, the request as submitted for bilateral L2, L3, L4, L5, S1 lumbar medial branch blocks under fluoroscopic guidance to lumbar spine is not medically necessary.