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| Case Number: | CM13-0027212 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 07/27/2012 |
| Decision Date: | 02/04/2014 | UR Denial Date: | 09/08/2013 |
| Priority: | Standard | Application Received: | 09/20/2013 |

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 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 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 Official Disability Guidelines state that no more than 1 set of medial branch diagnostic blocks are recommended prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for the use of diagnostic blocks for facet pain include that 1 set of diagnostic medial branch blocks is required with the response of greater than or equal to 70% and the pain response should last at least 2 hours with lidocaine, limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally, there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS for at least 4 to 6 weeks prior to the procedure, no more than 2 facet joint levels are injected in 1 session, no pain medication should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward, diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in whom have had a previous fusion procedure at the planned injection level. The medical records did not include documentation of a plan for possible neurotomy, and the patient was noted to have radicular symptoms in her most recent office visit note. Additionally, there were no facet joint signs and symptoms documented in her most recent physical exam. Furthermore, there was no adequate documentation of conservative treatment for at least 4 to 6 weeks prior to the requested medial branch blocks. With the absence of the documentation required by the guidelines for facet joint diagnostic blocks, the request is not supported. Therefore, the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks to lumbar facet at right L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections).

Decision rationale: The Official Disability Guidelines state that no more than 1 set of medial branch diagnostic blocks are recommended prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for the use of diagnostic blocks for facet pain include that 1 set of diagnostic medial branch blocks is required with the response of greater than or equal to 70% and the pain response should last at least 2 hours with lidocaine, limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally, there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS for at least 4 to 6 weeks prior to the procedure, no more than 2 facet joint levels are injected in 1 session, no pain medication should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward, diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in whom have had a previous fusion procedure at the planned injection level. The medical records did not include documentation of a plan for possible neurotomy, and the patient was noted to have radicular symptoms in her most recent office visit note. Additionally, there were no facet joint signs and symptoms documented in her most recent physical exam. Furthermore, there was no adequate documentation of conservative treatment for at least 4 to 6 weeks prior to the requested medial branch blocks. With the absence of the documentation required by the guidelines for facet joint diagnostic blocks, the request is not supported. Therefore, the request is non-certified