

Case Number:	CM13-0028086		
Date Assigned:	06/06/2014	Date of Injury:	03/07/1992
Decision Date:	07/30/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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 injured worker is a 68-year-old male who reported an injury on 03/07/1992. The mechanism of injury was not provided within the documentation for review. The injured worker's treatments were noted to be medications, chiropractic care, physical therapy, and use of transcutaneous electrical nerve stimulation. The injured worker's diagnoses were noted to be postlaminectomy syndrome, low back pain, lumbosacral radiculopathy, muscle spasm, and spondylarthritis. The most recent clinical evaluation submitted with this review is dated 07/22/2013. The injured worker presented for follow-up complaining of low back pain. The frequency of pain was noted to be constant and described as aching and cramping. The reported pain level most of the time was noted to be 6/10. It was also noted that his pain was worsened by sitting, changing from sitting to standing, bending or stooping, walking, lifting or carrying small loads, and lifting or carrying heavy loads. Pain was improved by stretching exercise. It was documented that pain interferes with sleep, mood, house chores, walking, and exercise. The injured worker stated the amount of relief from use of pain medications was moderate relief. The examination noted neurologically the injured worker with normal motor and tone, sensation intact to light touch and pressure and no focal signs. It was also noted that the injured worker was able to move all extremities. The treatment plan included refills of medications, a recommendation for a medial branch block, and continuation of home exercise, and return for follow-up in 3 months. The provider's rationale for the lumbar spine medial branch block was provided within the clinical note dated 07/22/2013. A Request for Authorization for Medical Treatment was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE MEDIAL BRANCH BLOCK X 2: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks.

Decision rationale: The request for lumbar spine medial branch block x2 is non-certified. The California MTUS/American College of Occupational and Environmental Medicine indicate facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to a facet neurotomy at the diagnosed levels. The guidelines also indicate criteria for use of diagnostic blocks. Criteria includes facet joint pain signs and symptoms over the joint levels requested. Diagnostic blocks are limited to patients with low back pain that is nonradicular and at no more than 2 joint levels bilaterally. There must be documentation of a failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. There can be no more than 2 facet joint levels injected in 1 session. Diagnostic facet blocks should only be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed on patients who have had a previous fusion procedure at the planned injection level. The injured worker's most recent clinical evaluation presented with this review was on 07/22/2013. Within the clinical note, it is documented under the assessments that the injured worker has been diagnosed with lumbosacral radiculopathy. The evaluation fails to indicate tenderness to palpation in the paravertebral areas over the facet region indicated for block. In addition, the request fails to provide the levels at which the block is to be performed. The treatment plan does not indicate a future plan for rhizotomy or neurotomy following the medial branch block. Therefore, the request for lumbar spine medial branch block x2 is non-certified.