

Case Number:	CM13-0031412		
Date Assigned:	06/06/2014	Date of Injury:	12/16/2008
Decision Date:	07/22/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 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 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 60-year-old male who reported an injury on 12/16/2008. The mechanism of injury was a fall. The injured worker had previous treatments of ablation to cervical nerves, physical therapy, and NSAIDS. His diagnoses were noted to be disorders of the bursa, lumbago, low back pain, low back syndrome, lumbalgia, benign hypertension, sprain/strain not otherwise specified to the left shoulder, radiculopathy, right rotator cuff capsule, and cervical strain/sprain. The patient had a clinical evaluation on 04/21/2014 with complaints of chronic back pain. The examination included paraspinal muscle tenderness in the lumbar spine musculature without tight muscle band. There was decreased flexion at 40 degrees noted of the lumbar spine, decreased extension 10 degrees noted of the lumbar spine, decreased lateral bending to the right 20 degrees of the lumbar spine and decreased lateral bending to the left 20 degrees of the lumbar spine. The treatment included a consult with a pain management specialist. The provider's rationale for the requested services in this review was not provided within the documentation. A Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L3-4 MEDIAL BRANCH NERVE BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet diagnostic blocks.

Decision rationale: The decision for right L3-4 medial branch nerve block is non-certified. CA MTUS/ACOEM states, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines criteria for use of diagnostic blocks for facet "mediated" pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 facet joint levels are injected in one session. The injured worker clearly has radiculopathy as evidenced by clinical evaluations of decreased motor strength, decreased sensation, a positive straight leg raise and a diagnosis of radiculopathy in several clinical evaluations submitted with this review. It is not documented thoroughly that the injured worker has failed conservative care other than NSAIDs and physical therapy or had medication treatment for neurological pain. The request submitted for this review is requesting several joint levels and the request is not specific as to when those will take place. The guidelines specify no more than 2 joint levels may be blocked at any 1 time. Therefore, the request for right L3-4 medial branch nerve block is non-certified.

LEFT L3-4 MEDIAL BRANCH NERVE BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet diagnostic block.

Decision rationale: The decision for left L3-4 medial branch nerve block is non-certified. CA MTUS/ACOEM states, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines criteria for use of diagnostic blocks for facet "mediated" pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 facet joint levels are injected in one session. The injured worker clearly has radiculopathy as evidenced by clinical evaluations of decreased motor strength, decreased sensation, a positive straight leg raise and a diagnosis of radiculopathy in several clinical evaluations submitted with this review. It is not documented thoroughly that the injured worker has failed conservative care other than NSAIDs and physical therapy or had medication treatment for neurological pain. The request submitted for this review is requesting several joint levels and the request is not specific as to when those will take place. The guidelines specify no more than 2 joint levels may be blocked at any 1 time. Therefore, the request for left L3-4 medial branch nerve block is non-certified.

RIGHT L4-5 MEDIAL BRANCH NERVE BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet diagnostic blocks.

Decision rationale: The decision for right L4-5 medial branch nerve block is non-certified. CA MTUS/ACOEM states, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines criteria for use of diagnostic blocks for facet "mediated" pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 facet joint levels are injected in one session. The injured worker clearly has radiculopathy as evidenced by clinical evaluations of decreased motor strength, decreased sensation, a positive straight leg raise and a diagnosis of radiculopathy in several clinical evaluations submitted with this review. It is not documented thoroughly that the injured worker has failed conservative care other than NSAIDs and physical therapy or had medication treatment for neurological pain. The request submitted for this review is requesting several joint levels and the request is not specific as to when those will take place. The guidelines specify no more than 2 joint levels may be blocked at any 1 time. Therefore, the request for right L4-5 medial branch nerve block is non-certified.

LEFT L4-5 MEDIAL BRANCH NERVE BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet diagnostic blocks.

Decision rationale: The decision for left L4-5 medial branch nerve block is non-certified. CA MTUS/ACOEM states, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines criteria for use of diagnostic blocks for facet "mediated" pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 facet joint levels are injected in one session. The injured worker clearly has radiculopathy as evidenced by clinical evaluations of decreased motor strength, decreased sensation, a positive straight leg raise and a diagnosis of radiculopathy in several clinical evaluations submitted with

this review. It is not documented thoroughly that the injured worker has failed conservative care other than NSAIDS and physical therapy or had medication treatment for neurological pain. The request submitted for this review is requesting several joint levels and the request is not specific as to when those will take place. The guidelines specify no more than 2 joint levels may be blocked at any 1 time. Therefore, the request for left L4-5 medial branch nerve block is non-certified.

RIGHT L5-S1 MEDIAL BRANCH NERVE BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet diagnostic blocks.

Decision rationale: The request for right L5-S1 medial branch nerve block is non-certified. CA MTUS/ACOEM states, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines criteria for use of diagnostic blocks for facet "mediated" pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 facet joint levels are injected in one session. The injured worker clearly has radiculopathy as evidenced by clinical evaluations of decreased motor strength, decreased sensation, a positive straight leg raise and a diagnosis of radiculopathy in several clinical evaluations submitted with this review. It is not documented thoroughly that the injured worker has failed conservative care other than NSAIDS and physical therapy or had medication treatment for neurological pain. The request submitted for this review is requesting several joint levels and the request is not specific as to when those will take place. The guidelines specify no more than 2 joint levels may be blocked at any 1 time. Therefore, the request for right L5-S1 medial branch nerve block is non-certified.

LEFT L5-S1 MEDIAL BRANCH NERVE BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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, Low Back, Facet diagnostic blocks.

Decision rationale: The request for left L5-S1 medial branch nerve block is non-certified. CA MTUS/ACOEM states, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines criteria for use of diagnostic blocks for facet "mediated" pain

is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 facet joint levels are injected in one session. The injured worker clearly has radiculopathy as evidenced by clinical evaluations of decreased motor strength, decreased sensation, a positive straight leg raise and a diagnosis of radiculopathy in several clinical evaluations submitted with this review. It is not documented thoroughly that the injured worker has failed conservative care other than NSAIDs and physical therapy or had medication treatment for neurological pain. The request submitted for this review is requesting several joint levels and the request is not specific as to when those will take place. The guidelines specify no more than 2 joint levels may be blocked at any 1 time. Therefore, the request for left L5-S1 medial branch nerve block is non-certified.