

Case Number:	CM13-0033627		
Date Assigned:	12/06/2013	Date of Injury:	08/30/2007
Decision Date:	04/07/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/16/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 53-year-old male who reported injury on 05/09/2002. The mechanism of injury was not provided. Recent documentation of 09/24/2013 revealed that the patient had severe left leg pain shooting down the leg. The physical examination revealed the patient was noting weakness to his left side/leg, but the low back pain was worse than the leg symptoms. The patient had facet tenderness on the left lumbar spine. Diagnoses were noted to be neck pain with right arm pain/cervical radiculopathy, status post radiofrequency ablation of left cervical medial branch block/decreased symptoms, status post anterior cervical decompression and fusion surgery in 2007 at C5-6, low back pain to the left, multiple level disc lesions. The treatment was noted to include a left L2, L3, L4, and L5 medial branch block facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine left L2, L3, L4, L5 medial branch blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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 ACOEM guidelines do not address the criteria for Medial Branch Blocks. As such, there is the application of the Official Disability Guidelines, which indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, the patient have 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 and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Clinical documentation submitted for review indicated the patient had facet tenderness in the left lumbar spine. However, there was a lack of documentation of a sensory examination, a normal straight leg raise examination, and whether there was absence of radicular findings, as the patient complained of low back pain with left leg radiation. Additionally, the injections are limited to no more than 2 levels bilaterally. There was a lack of documentation indicating the necessity for more than 2 levels. Given the above and the lack of documentation, the request for lumbar spine left L2, L3, L4, L5 medial branch blocks is not medically necessary.