

Case Number:	CM13-0037595		
Date Assigned:	12/18/2013	Date of Injury:	06/02/2002
Decision Date:	02/25/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/01/2013

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 & 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 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 63-year-old male who reported an injury on 06/02/2002. The mechanism of injury was not provided. The patient was noted to have radiating pain to the right leg. The patient was noted to have a sensory examination that was abnormally reduced in the calf. The motor examination was noted to be normal. The patient's diagnoses were noted to include back pain status post lumbar surgery in 2005. The request was made for a bilateral medial branch block at L3-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right lumbar medial branch block L3-L5 Levels as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, section on Medial Branch Blocks.

Decision rationale: ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. The Official Disability Guidelines 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. The clinical documentation submitted for review failed to indicate the patient had tenderness to palpation, as well as objective findings of radiculopathy on examination; the request for a right lumbar medial branch block at L3-5 levels is not medically necessary.

One left lumbar medial branch block L3-L5 levels as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, section on Medial Branch Blocks.

Decision rationale: ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. The Official Disability Guidelines indicate 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. The clinical documentation submitted for review failed to indicate the patient had tenderness to palpation, as well as objective findings of radiculopathy on examination; the request for a left lumbar medial branch block at L3-5 levels is not medically necessary and appropriate.