

Case Number:	CM13-0039282		
Date Assigned:	01/15/2014	Date of Injury:	05/09/2009
Decision Date:	07/22/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/04/2013

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 Minnesota. 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 50 year old female who reported an injury on 05/09/2009 due to an unknown mechanism of injury. The injured worker complained of back pain. On 09/12/2013 the physical examination revealed tenderness across the low lumbar region over the facet joints. She experienced increased pain to the lumbar region with extension and rotation. There was an MRI 10/17/2012 the MRI of the cervical spine. There was no documentation of any diagnostic study of the lumbar spine. The injured worker had a diagnoses of lumbar facet arthropathy, status post lumbar fusion, lower back pain, and lumbar facet syndrome. The past treatment included lumbar fusion at L4-5 in 09/2011. She also had a facet block to left L3-4 on 09/09/2013 with 60% improvements in her lower back pain. Prior to that she had bilateral L5-S1 facet blocks on 06/10/2013 with minimal improvements in her pain level. The injured worker was on the following medications naproxen, Tylenol, soma, klonopin, and Nexium. The current treatment plan is for L2 and L3 medial branch block. The rationale for the request was for the injured worker's pain improve in hopes that she would become a candidate for radiofrequency ablation. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2 & L3 MEDIAL BRANCH BLOCK: 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 request for L. L2 and L3 medial branch block is non-certified. The injured worker has a history of back pain. The ODG guidelines state the criteria for the use of diagnostic blocks for facet mediated pain is one set of diagnostic medial branch blocks is required with a response of 70%. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. The documentation stated that the injured worker received 60% improvement after the medial branch block on 09/09/2013. However, the guidelines recommend a 70% improvement. There was no documentation that would indicate that she had failed conservative care. In addition, there was no documentation regarding the pain relief on a VAS scale, maximum pain relief, and maximum duration of pain. Given the above, the request for L. L2 and L3 medial branch block is non-certified.