

Case Number:	CM13-0042228		
Date Assigned:	03/26/2014	Date of Injury:	08/08/2008
Decision Date:	09/29/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/17/2013

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 Occupational Medicine 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:

This is a 47 year-old female (or male, as the records are conflicting regarding gender) who has reported low back pain after an injury on August 8, 2008. She has been diagnosed with radiculopathy, spinal stenosis, and L5 pars defects. Treatment has included physical therapy, multiple habituating medications, epidural steroid injection, and a TENS unit. Per the PR2 of July 24, 2013, there were ongoing signs and symptoms of radicular back pain. Medications were continued and the injured worker was referred to a pain management specialist. Function was addressed minimally and there was no work status. The pain management physician evaluated the injured worker on 8/20/13. Pain was ongoing but there was no description of the location. Radicular signs and positive facet challenge were present. The treatment plan included the same chronic habituating medications and medial branch blocks. There was no description of the medial branch block procedure, specific functional abilities or deficits, or work status. Per the pain management PR2 of 9/10/13, there were ongoing radicular signs and symptoms. The medial branch block request was retracted and an epidural steroid injection was recommended instead. On 9/27/13 Utilization Review non-certified medial branch blocks, noting the clear evidence for radiculopathy. The ACOEM Guidelines and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks at L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Facet joint radiofrequency neurotomy, Facet joint medial branch blocks.

Decision rationale: Per page 300 of the ACOEM Guidelines, lumbar facet neurotomies and differential medial branch blocks may be used for patients with low back pain. The Official Disability Guidelines recommend against facet joint injections, and provide equivocal support for medial branch blocks followed by radiofrequency ablation. The MTUS, Chronic Pain section, does not provide direction for facet blocks. The Official Disability Guidelines recommend against medial branch blocks for patients with radiculopathy. The records clearly show a diagnosis of radiculopathy with corroborating clinical findings. The proper procedure for performing facet blocks/medial branch blocks is described in the Official Disability Guidelines. The treating physician has not provided a prescription which has enough detail to determine compliance with guidelines. Facet blocks are not medically necessary unless there is a prescription which is not only consistent with the guidelines, but which also provides enough detail to ensure that the procedure will be performed with sufficient compliance to the necessary protocol. The treating physician did not address function adequately. As noted in the MTUS, all treatment for chronic pain should have as its goal functional improvement, not cure of pain. A treatment plan which does not describe specific plans for functional improvement is not adequate for treatment of chronic pain. The treating physician has subsequently withdrawn his request for medial branch blocks, which is another reason that these blocks are not medically necessary. Medial branch blocks are not medically necessary based on the cited guidelines, presence of radiculopathy, lack of a detailed prescription, the stated desire to retract the request for the blocks, and lack of a treatment plan focused on functional improvement.