

Case Number:	CM13-0046474		
Date Assigned:	12/27/2013	Date of Injury:	04/05/2002
Decision Date:	06/03/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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:

The patient is a [REDACTED] employee who has filed a claim for low back pain radiating into the legs associated with an industrial injury of April 05, 2002. Thus far, the patient has been treated with physical therapy, aquatic therapy which the patient was unable to participate in due to pain, medications including NSAIDs and opioids, and low back surgery with levels and date not specified. Patient also underwent psychiatric treatment for associated depression and anxiety symptoms. Lumbar CT dated August 12, 2010 showed screws placed from L4-S1 bilaterally with posterior stabilizing rods. In a utilization review report of October 29, 2013, the claims administrator denied a request for bilateral lumbar medial branch block L3-5 as guidelines do not recommend facet blocks in patients with previous fusion procedure at the planned injection level, and there was no documentation of any recent trial and failure of conservative management strategies. Review of progress notes shows that patient is enrolled in a pain management program and continues to experience significant low back pain with related functional limitations, poor sleep, and depressive symptoms with occasional suicidal ideation. There is upper back, low back, and stomach pain. Low back pain radiates bilaterally into both legs, without significant benefit from medications. Objective findings include tenderness over the lumbar facets and paraspinal muscles with positive facet loading maneuver.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR MEDIAL BRANCH BLOCK L3-L5: 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 Chapter, Facet Joint Medial Branch Blocks (Therapeutic Injections) And Facet Joint Diagnostic Blocks (Injections).

Decision rationale: As noted in ODG, medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; they should not be performed in patients who have had a previous fusion procedure at the planned injection level; and no more than 2 joint levels are injected in one session. In this case, the patient has had a lumbar fusion procedure in the past with CT scan showing involved segments from L4-S1. In addition, there is no documentation regarding failure of aggressive conservative management strategy in the past weeks. Therefore, the request for bilateral lumbar medial branch blocks L3-5 is not medically necessary per the guideline recommendations of ODG.