

Case Number:	CM13-0054634		
Date Assigned:	12/30/2013	Date of Injury:	08/20/2012
Decision Date:	09/29/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 61 year old male who was injured on 08/20/2012. The mechanism of injury is unknown. Prior medication history included Celebrex, Ultram, and Mobic. Diagnostic studies reviewed include MRI of the lumbar spine dated 10/18/2013 revealed positive facet hypertrophy at L4-5. There is also evidence of severe DDD at L4-5 with left foraminal stenosis. Symptoms are exacerbated by facet loading activity. Recommend MBBN for low back pain, not for radicular symptoms into the lower extremities. Progress report dated 12/06/2013 documented the patient to have complaints of low back pain with cramping, tightness, spasm, and numbness. He rated his pain as 3/10. The pain is worse in the morning. He also has extremity numbness (at B/L S1 distribution) and weakness. On exam, there is tenderness to palpation at the left lower lumbar paraspinal muscles and right lower lumbar paraspinal muscles over the facet joints at L4-L5. Range of motion revealed flexion is 60% of normal and extension is 20% of normal. Facet loading is positive bilaterally. The patient is diagnosed with lumbosacral spondylosis without myelopathy, sciatica, and lumbar degenerative disk disease. The patient was recommended medial branch nerve block bilateral at L4/5. Prior utilization review dated 11/05/2013 states the requests for Median Branch Nerve Block, Right L4-5 Qty: 1.00; Median Branch Nerve Block, Left L4-5 Qty: 1.00 are denied as facet intervention are not supported if there is active radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAN BRANCH NERVE BLOCK, RIGHT L4-5 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet joint Injection Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joints block, lumbar.

Decision rationale: Per guidelines, criteria for diagnostic block for facet mediated pain include: low back pain that is non-radicular and at no more than two levels bilaterally; documentation of trial and failure of conservative treatment with PT, NSAIDs, etc. of at least 4-6 weeks and evidence of adequate diagnostic block with documentation of improvement in VAS and function. In this case, there is clinical evidence of lumbar radiculopathy. There is no documentation of trial and failure of conservative treatment such as physical therapy. Therefore, the above guidelines are not met and thus the medical necessity of the requested service is not established.

MEDIAN BRANCH NERVE BLOCK, LEFT L4-5 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet joint Injection Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joints block, lumbar.

Decision rationale: Per guidelines, criteria for diagnostic block for facet mediated pain include: low back pain that is non-radicular and at no more than two levels bilaterally; documentation of trial and failure of conservative treatment with PT, NSAIDs, etc. of at least 4-6 weeks and evidence of adequate diagnostic block with documentation of improvement in VAS and function. In this case, there is clinical evidence of lumbar radiculopathy. There is no documentation of trial and failure of conservative treatment such as physical therapy. Therefore, the above guidelines are not met and thus the medical necessity of the requested service is not established.