

Case Number:	CM13-0056597		
Date Assigned:	12/30/2013	Date of Injury:	10/23/2012
Decision Date:	05/12/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/22/2013

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, Pain Medicine and is licensed to practice in Florida. 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 male with a date of injury of 10/26/2012. The injured worker has complaints of ongoing lower back pain which he rates at 6/10 on the pain scale. The injured worker states that the left side of his back pain is much worse than the right and denies any pain, numbness or tingling in his legs. The injured worker is not taking medication at this time. The injured worker has completed 25 visits of chiropractic treatment without relief and 6 visit of acupuncture with short-term relief. Objective findings at this office visit are tenderness to palpation to the lumbar paraspinals on the left, positive facet challenge on the left, increased pain with lumbar extension. Range of motion of the lumbar spine is decreased in all planes and lower extremity sensation is intact bilaterally. The injured worker has diagnoses of motor level disc herniation of the lumbar spine with moderate to severe neural foraminal narrowing and facet arthropathy of the lumbar spine. The injured worker was recommended to follow-up in 6 weeks and also diagnostic medial branch block left L3-4, L4-5, and L5-S1. The injured worker did have an MRI of the lumbar spine on 12/20/2012 which noted severe neural foraminal narrowing on the right at L4-5. Moderate neural foraminal narrowing on the left at L2-3 and bilaterally at L5-S1 was noted. The request for authorization for medical treatment dated 10/03/2013 for diagnostic medial branch block left L3-4, L4-5 and L5-S1 was received

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC MEDIAL BRANCH BLOCK LEFT L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: The request is non-certified. The injured worker has a date of injury of 10/26/2012. The injured worker has ongoing low back pain at this appointment and rated it as 6/10. The injured worker states left-sided back pain is worse than the right and there is no numbness or tingling in the leg. The injured worker has diagnoses of motor level disc herniations of the lumbar spine with moderate to severe neural foraminal narrowing, facet arthropathy of lumbar spine. The California MTUS/ACOEM guidelines indicate facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines indicate for diagnostic blocks for facet mediated pain one set of diagnostic medial branch blocks required with response of equal to or greater than 70%. The pain response should be approximately 2 hours for lidocaine. It is limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally, there is documentation of failure of conservative treatment including home exercise, PT and NSAIDs, prior to the procedure for at least 4 to 6 weeks, and no more than 2 joint levels are injected in one session. The documentation provided for review does show low back pain that is non-radicular, failure of conservative treatment and no prior fusion procedure at the planned injection level. The requested diagnostic medial branch block was to L3-4, L4-5, and L5-S1. Therefore, the requested number of levels exceeds guideline recommendations. Therefore, the request for diagnostic medial branch block left L3-4, L4-5 and L5-S1 is non-certified.