

Case Number:	CM13-0057670		
Date Assigned:	12/30/2013	Date of Injury:	12/15/1991
Decision Date:	06/06/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/25/2013

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:

This 55-year-old female sustained a low back injury on 12/15/1991 while employed by [REDACTED]. The request under consideration includes bilateral radiofrequency lumbar medial nerve branch blocks at L3, L4, and L5, 2 sites each. There are multiple urine drug test report; however, very limited in medical reports provided. Hand-written report of 9/11/13 noted patient underwent bilateral radiofrequency at lumbar sites L3, L4, and L5 for suspicion of lumbar facet arthropathy; however, without report of outcome or previous diagnostic blocks performed. The request for lumbar radiofrequency was non-certified on 11/4/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL RADIOFREQUENCY LUMBAR MEDIAL NERVE BRANCH BLOCK AT L3, L4, AND L5, 2 SITES EACH: Upheld

Claims Administrator guideline: The Claims Administrator 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).

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 (therapeutic injections), pgs. 412-418.

Decision rationale: In this case, there are no documented symptom complaints, imaging studies or noted significant clinical findings to support diagnosis of facet arthropathy. Additionally, it is unclear what conservative treatment has been rendered, its failure, or previous diagnostic blocks performed to confirm for facet arthropathy. It appears the patient has received the radiofrequency procedures without prior authorization or review and currently, there are no reports presented identifying its functional benefit if any for this chronic low back injury of 1991. Per Official Disability Guidelines (ODG), facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in patient who may exhibit radicular symptoms or is without defined imaging correlation not demonstrated here nor are they recommended over 2 joint levels concurrently as requested here. The submitted reports have not demonstrated support outside guidelines criteria. The request for bilateral radiofrequency lumbar medial nerve branch blocks at L3, L4, and L5, 2 sites each, are not medically necessary and appropriate.