

Case Number:	CM13-0064500		
Date Assigned:	01/03/2014	Date of Injury:	09/16/2011
Decision Date:	03/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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:

According to the records made available for review, this is a 41-year-old female with a 9/16/11 date of injury. At the time of request for authorization for Bilateral L4-L5 & L5-S1 Medial Branch Blocks Lumbar, there is documentation of subjective (persistent low back pain) and objective (decreased lumbar range of motion and tenderness to palpation of the right and left lumbar facet joints) findings, current diagnoses (lumbar degenerative disc disease, lumbar radiculitis, lumbar myofascial pain syndrome, and lumbar facet syndrome), and treatment to date (lumbar facet block injections at L4-5 and L5-S1 with 80% pain relief for ten weeks, physical therapy, medications, and home exercise program). Plan indicates repeat block at L4-5 and L5-S1. There is no documentation of a rationale for not proceeding with subsequent neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A bilateral L4-5 and L5-S1 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Blocks

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies that no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbar radiculitis, lumbar myofascial pain syndrome, and lumbar facet syndrome. In addition, there is documentation of a previous lumbar medial branch block at L4-5 and L5-S1 with 80% pain relief for ten weeks. However, given the positive response with previous injection, there is no documentation of a rationale for not proceeding with subsequent neurotomy. Therefore, based on guidelines and a review of the evidence, the request for Bilateral L4-L5 & L5-S1 Medial Branch Blocks Lumbar is not medically necessary.