MAXIMUS Federal Services

Case Number:	CM13-0065291		
Date Assigned:	01/03/2014	Date of Injury:	08/08/2011
Decision Date:	05/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/13/2013

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 injured worker is a 38-year-old male who reported an injury on 08/08/2011. The mechanism of injury was not provided. The documentation of 10/31/2013 revealed the injured worker had ongoing low back pain, right groin pain, and pain and numbness into his right thigh. It was indicated the injured worker had failed conservative therapy including chiropractic and acupuncture. The injured worker had a medial branch block on 07/11/2013 at L4-5 and L5-S1 which provided 100% relief for 2 days. It was indicated the injured worker was authorized for a rhizotomy. The injured worker had tenderness to palpation over the lumbar paraspinals and facet joints bilaterally at L4 through S1. The injured worker had a positive facet challenge to the lumbar spine bilaterally at L4 through S1. The lower extremity sensation was intact bilaterally and the motor exam was 5-/5 on the right psoas and quadriceps. The remainder of the lower extremity motor function was 5/5. The diagnoses included facet arthropathy of the lumbar spine and herniated nucleus pulposus (HNP) of the lumbar spine. It was indicated that the injured worker was authorized to proceed with a left rhizotomy at L4 through S1. In addition, due to his pain complaints on the right and tenderness to palpation, as well as facet loading on the right with L4-5 and L5-S1 facet arthropathy, the request was made for a right medial branch block at L4 through S1 to be a diagnostic step towards a rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT MEDIAL BRANCH BLOCK L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT INDEX 9TH EDITION WEB 2011.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, MEDIAL BRANCH BLOCK.

Decision rationale: The MTUS/ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. The ACOEM guidelines do not address the criteria for Medial Branch Blocks. As such, there is the application of the Official Disability Guidelines, which indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, the patient have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. The clinical documentation submitted for review indicated the injured worker had facet tenderness to palpation, a normal sensory examination, and the absence of radicular findings. However, there was lack of documentation of the injured worker's straight leg raise examination as required. Given the above, the request for a right medial branch block L4-5, L5-S1 is not medically necessary.