

Case Number:	CM13-0066583		
Date Assigned:	01/08/2014	Date of Injury:	01/23/1997
Decision Date:	04/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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, has a subspecialty in Pain Management, 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 is a female patient with the date of injury of January 23, 1997. A utilization review determination dated December 5, 2013 recommends non-certification of repeat neurotomy of the bilateral L2-L3 median branch blocks between November 11, 2013 and February 3, 2014. The previous reviewing physician recommended non-certification of repeat neurotomy of the bilateral L2-L3 median branch blocks between November 20, 2013, and February 3, 2014 due to lack of documentation of positive medial branch block at the requested levels, evidence of decreased medication use and improvement in function following the previous neurotomy procedure, and no evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. An Evaluation dated November 20, 2013 identifies a Chief Complaint of low back pain and spasms to lumbar area diffusely. Physical Exam identifies limited and painful ROM (range of motion). Tender over facets L spine at upper lumbar area. Extension is nil and painful. Palpable spasm over lumbar paraspinals. Allodynia in left leg diffusely. Plan identifies request authorization for repeat neurotomy of L2 and L3 bilateral median branch blocks. The patient's last neurotomy of the L2 and L3 bilateral median branch blocks was performed on 9/20/11 with greater than two years effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L2-L3 MEDIAN BRANCH BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Section Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy

Decision rationale: Regarding the request for bilateral L2-L3 median branch blocks, Chronic Pain Medical Treatment Guidelines state lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states while repeat neurotomies may be required, they should not occur at an interval of less than six months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least twelve weeks at $\geq 50\%$ relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than three procedures should be performed in a year's period. Within the medical information made available for review, there is documentation that the patient's last neurotomy of the L2 and L3 bilateral median branch blocks was performed on September 20, 2011 with greater than two years effect. However, there is no documentation of $\geq 50\%$ relief after the previous neurotomy, or specific documentation of objective functional improvement. The request for bilateral L2-L3 median branch blocks are not medically necessary or appropriate.