

Case Number:	CM13-0067206		
Date Assigned:	01/15/2014	Date of Injury:	07/18/2012
Decision Date:	05/29/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/17/2013

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 & 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 patient has submitted a claim for low back pain with an industrial injury date of July 18, 2012. The treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, lumbar epidural injection, and multiple bilateral L4-5 and L5-S1 facet injections, which provided 60% relief over 8 weeks. The utilization review from December 9, 2013 denied the request for B/L L2-5 medial branch block (MBB). The rationale for determination was not included in the records for review. The medical records from 2013 were reviewed, which showed that the patient complained of constant low back pain, non-radiating, aching, band-like, stabbing, throbbing, and tight in character, with pain rated 8/10. The patient denied lower extremity weakness, numbness or tingling in the lower extremities, bowel or bladder dysfunction, stiffness, spasms, calf pain, leg heaviness and loss of motor control of the lower extremities; however, interference with sleep was noted. The pain was aggravated by lumbar extension, standing, and walking, and alleviated by physical therapy, lumbar flexion, and medication. On physical examination, gait was normal with forward flexed body posture. Lumbosacral spine examination showed no swelling, erythema, ecchymosis, surgical scars, tenderness, trigger points, and muscle spasm. Flexion and extension was limited due to pain. Lumbar facet loading was positive bilaterally. Motor strength was normal. Straight leg raising, Patrick's, and slump tests were negative. The examination of the lower extremities was unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

B/L L2-5 MBB LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint pain, signs and symptoms.

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 Chapter, medial branch block.

Decision rationale: The CA MTUS does not specifically address medial branch blocks; however, the Official Disability Guidelines (ODG) states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. The criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks (MBB) with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation failure of conservative treatment prior to the procedure for at least 4-6 weeks. In this case, the patient previously had facet injections which only provided 60% pain relief, which is below the criteria set by the guidelines. Furthermore, the medical records show that pain was alleviated by physical therapy and medication; thus, failure of conservative management was not exhibited. The criteria have not been met; therefore, the request for bilateral (B/L) L2-5 MBB lumbar spine is not medically necessary.