MAXIMUS Federal Services

Case Number:	CM13-0069528		
Date Assigned:	01/03/2014	Date of Injury:	05/21/2008
Decision Date:	06/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 with a reported work injury to his low back on 05/21/2008. The injured worker was seen in a follow up physical evaluation on 12/03/2013 for a refill on opioid medications. Upon examination the injured worker had tenderness to palpation but no specific area is indicated. Documentation showed a positive straight leg raise bilateral at 30 degrees with both back pain and sciatica symptoms. Assessment documents lumbar degenerative disk disease with chronic axial pain and radiculopathy. Incomplete therapy is also noted. The injured worker is unable to work at his usual and customary job or any job until after therapy is complete. Plan of care includes a medial branch block at L2, L3, L4, and L5 as well as #180 Oxy IR 30mg and #150 MS Contin 100mg and follow up in one month. Request submitted on 01/03/2014 and received on 01/06/2014. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL MEDICAL BRANCH L2, L3, L4, AND L5 WITH ANESTHESIA W/O DYE AND CORTISONE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Injections.

Decision rationale: The request for Bilateral Medial Branch L2, L3, L4, and L5 with anestesia without dye and cortisone is not medically necessary. The injured worker reported an injury to the low back on 05/21/2008. A physical examination on 12/03/2013 documented no level of pain or relief of pain with use of Oxy IR and MS Contin. This visit only documented the need for refills. The objective findings at that date document positive seated straight leg raises at 30 degrees bilaterally with both back pain and sciatica symptoms. Documentation of lumbar degenerative disc disease with chronic axial pain and radiculopathy and incomplete therapy. The ACOEM chapter 12 guidelines state that medial branch blocks are of questionable merritt. Official Disability Guidelines low back chapter reference facet diagnostic treatments indicate that a patient must have documentation of failed conservative treatment including home exercise, Pt, NSAIDS for 4-6 weeks prior to proceedure. The guidelines also state that it is only a diagnostic tool and only if there is no evidence of radicular pain. The documentation provided fails to meet the criteria as outlined in the ACOEM and ODG due to injured worker's lack of activity based exercise and pain level with use of NSAIDS. Also it is documented that the patient has radicular pain as evedenced by a positive straight leg raise. Furthermore, ODG do not recommend the use of anestesia with medial branch blocks as it can negate the diagnostic value. There was also no documentation of a plan to proceed with a radiofrequency ablation based on the results of the medial branch block procedure. Therefore, the request for Bilateral Medial Branch at L2, L3, L4, and L5 with anestesia without dye and cortisone is not medically necessary.