

Case Number:	CM14-0000843		
Date Assigned:	01/22/2014	Date of Injury:	09/21/1998
Decision Date:	06/10/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/02/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 reported an injury on 09/21/1998 secondary to a fall. The injured worker was evaluated on 10/12/2013 for reports of low back and knee pain. The exam noted tenderness to the thoracic region, facet loading signs with extension and diffuse muscle tenderness. The diagnoses included fibromyalgia, diffuse mechanical low back pain, chronic spondylosis and mechanical degeneration of the facets. The treatment plan included medial branch blocks and possible radiofrequency options. The request for authorization dated 10/12/2013 was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR MEDIAL BRANCH BLOCK (MBB) LUMBAR 3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200, 300.

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, Facet Joint Diagnostic Blocks.

Decision rationale: The Official Disability Guidelines recommend medial branch blocks as a diagnostic tool with documentation of facetogenic pain and failure of conservative treatment

(including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. There is a lack of evidence of prior treatment as well as its efficacy in the documentation provided. Therefore, the request for bilateral lumbar medial branch block (MBB) lumbar 3-4 is not medically necessary and appropriate.

BILATERAL LUMBAR MEDIAL BRANCH BLOCK (MBB) LUMBAR 4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 200, 300.

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, Facet Joint Diagnostic Blocks.

Decision rationale: The request for bilateral lumbar medial branch block (MBB) lumbar 4-5 is non-certified. The Official Disability Guidelines recommend medial branch blocks as a diagnostic tool with documentation of facetogenic pain and failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. There is a lack of evidence of prior treatment as well as its efficacy in the documentation provided. Therefore, the request for bilateral lumbar medial branch block (MBB) lumbar 4-5 is not medically necessary and appropriate.