

Case Number:	CM14-0001031		
Date Assigned:	01/22/2014	Date of Injury:	03/19/2012
Decision Date:	06/10/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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 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:

According to the records made available for review, this is a 35-year-old male with a 3/19/12 date of injury. At the time (11/18/13) of the request for authorization for bilateral L5-S1 facet medial branch nerve block under fluoroscopic guidance, there is documentation of subjective findings of low back pain that is aggravated with both forward flexion and with extension and rotation. Objective findings reveal bilateral lumbar paraspinous tenderness over the L5-S1 facet joints, pain with extension and rotation of the lumbar spine, and decreased range of motion. The current diagnoses include lumbar spine sprain/strain with evidence of L5-S1 facet arthropathy and annular tear at L5-S1. The treatments to date include medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5-S1 FACET MEDIAL BRANCH NERVE BLOCK UNDER FLUOROSCOPIC GUIDANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Medial Branch Blocks (MBBs).

Decision rationale: The MTUS/ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. The Official Disability Guidelines (ODG) identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy, and non-steroidal anti-inflammatory drugs (NSAIDs)) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbar spine sprain/strain with evidence of L5-S1 facet arthropathy and annular tear at L5-S1. In addition, there is documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for bilateral L5-S1 facet medial branch nerve block under fluoroscopic guidance is medically necessary.