

Case Number:	CM14-0004328		
Date Assigned:	02/05/2014	Date of Injury:	03/22/2007
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/10/2014

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 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:

The patient has submitted a claim for lumbar disc disease and lumbar facet syndrome associated with an industrial injury date of March 22, 2007. Treatment to date has included NSAIDs, opioids, antidepressants, TENS, physical therapy, lumbar epidural steroid injections, and facet blocks. Medical records from 2012 to 2013 were reviewed. The patient complained of persistent lower back pain aggravated by prolonged sitting and standing with reports of stabbing sensation. Pain was accompanied by intermittent radiation to the lower extremities, more on the right. Physical examination showed wide based gait with difficulty, diffused tenderness over the lumbar paraspinal muscles and facet from L4 through S1, positive SLR bilaterally, decreased lumbar spine ROM, and decreased sensation in the left L5 and S1 dermatomes. MRI of the lumbar spine, dated 11/22/2013, showed diffuse disc bulge at L3-4 and canal stenosis at L4-5. A utilization review from December 19, 2013 denied the request for L4-L5 medial branch block injection for lack of evidence of facet mediated pain, and the findings of stenosis and radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK INJECTION L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, CHAPTER 12, 300, 309

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG

Decision rationale: The Official Disability Guidelines state that medial branch blocks (MBB) are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks 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 of conservative treatment prior to the procedure for at least 4-6 weeks. In this case, the patient had a lumbar epidural steroid injection with facet joint block last April 2008 with 80-90% relief for almost a year. However, the current request did not specify whether the requested block will be used as a diagnostic tool, which is the recommended purpose of a MBB, as stated above. Furthermore, the most recent progress notes revealed that the patient has radicular symptoms, which is not advocated for MBB by the ODG. Therefore, the request is not medically necessary.