

Case Number:	CM14-0005190		
Date Assigned:	01/24/2014	Date of Injury:	06/08/2012
Decision Date:	06/12/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/14/2014

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 Occupational Medicine, has a subspecialty in Preventative Medicine and is licensed to practice in Texas. 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 62 year old male whose date of injury is 06/05/2012 when he was on a ramp and the ramp fell causing the injured worker to fall 5 feet. He injured his low back and left lower extremity. On 05/29/13 the injured worker underwent left Achilles tendon reconstruction followed by post-operative physical therapy. Per neurosurgical consultation on 08/28/13, the injured worker was determined not to be a surgical candidate, but physical therapy and strengthening for the back was recommended. Consideration of lumbar epidural steroid injection or facet blocks also was recommended. Bilateral L4-5 transforaminal epidural steroid injection was done on 10/29/13, which provided significant relief of the injured worker's leg pain but did nothing to help low back pain. On 12/12/13 the injured worker underwent right L4-5, L5-S1 medial branch block. Per progress notes dated 12/16/13, the injured worker obtained nearly complete pain relief for approximately 2 days post-injection, then his pain gradually returned to baseline. A subsequent request for repeat L4-5, L5-S1 medial branch block (MBB) and for radiofrequency ablation (RFA) right L4-5, L5-S1 was reviewed on 01/10/14 and modified approval was recommended with certification of RFA but non-certification of repeat MBB. On 02/13/14 RFA was performed on the right at L4-5 and L5-S1. Progress notes dated 03/04/14 reports that the injured worker states he has probably 50% less pain with medications after RFA, and he feels that the ablation has probably helped decrease pain by 75%. Before RFA he had physical therapy for the pool.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE L4-L5 AND L5-S1 MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309.

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 (Injections).

Decision rationale: The injured worker underwent diagnostic medial branch blocks on the right at L4-5 and L5-S1 on 12/12/13. The records indicate that he obtained nearly 100% pain relief post-injection for approximately 2 days before pain returned to baseline levels. Current evidence-based guidelines reflect that no more than one set of medial branch blocks are recommended prior to facet neurotomy. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Therapeutic medial branch blocks are not recommended. The injured worker subsequently underwent successful radiofrequency ablation on the right at L4-5 and L5-S1 with 75% pain relief noted following the procedure. As such, medical necessity is not established for L4-5 and L5-S1 medial branch block.