Case Number:	CM14-0008838		
Date Assigned:	02/12/2014	**Date of Injury:**	09/24/2012
Decision Date:	06/25/2014	**UR Denial Date:**	12/31/2013
Priority:	Standard	**Application Received:**	01/21/2014

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:

The injured worker is a 51-year-old male who reported an injury on 09/24/2012, due to a trip and fall. A computed tomography (CT) scan of the lumbar spine was performed on 11/21/2013 which demonstrated a posterior disc protrusion at L4-5 and bilateral facet arthropathy at L4-5 and L5-S1. The clinical note dated 12/11/2013 indicated the injured worker complained of back pain rated at 5/10 up to 10/10. Upon exam, there was pain with extension/rotation, axial loading, and digital palpation at L5-S1 on the right. The injured worker was diagnosed with lumbar spine pain, facet joint arthropathy at the lumbar, and disc degeneration, narrowing, lumbar. The recent, undated, CT scan demonstrated arthropathy at L4-5 and L5-S1 as a source of pain, on fluoroscopy the injured worker had a pseudoarticulation at L5-S1 with impingement of the transverse process of L5 on the sacrum. The provider's rationale was to perform a blockade of the medial branch of the posterior primary ramus to the right at L4, L5, and S1 to anesthetize the medial branch nerves supplying the L5-S1 facet joints as well as the lateral branch of L5 that supplies the pseudoarticulation. If the injured worker has pain relief consistent with the action of the local anesthetic, the injured worker would be a candidate for radiofrequency neurotomy. The provider recommended a follow-up visit with pain management and lumbar medial branch blocks of L4, L5, and S1 bilateral. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDIAL BRANCH BLOCKS L4, L5, S1, BILATERAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Facet Joint Medial Branch Block.

Decision rationale: The request for a lumbar medial branch block L4, L5, S1, bilateral is not medically necessary. California MTUS/ACOEM state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend a facet joint medial branch block as a diagnostic tool. There is minimal evidence for treatment. The criteria for the use of diagnostic blocks are, one set of diagnostic medial blocks is required with a response of greater than or equal to 70% with pain relief of least 2 hours for lidocaine. Limited to injured workers with low back pain that is non-radicular and at no more than 2 levels bilaterally. There is documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. The included documentation lacks evidence of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. There is also a lack of complete inaccurate pain assessment for the injured worker. The treatment plan given by the provider makes reference to the performance of blockade of the medial branch block to the posterior primary ramus to the right at L4, L5, and S1. However, the request given was for the L4, L5, S1, bilateral. As such, the request is not medically necessary.

FOLLOW UP VISIT WITH PAIN MANAGEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low BackOffice Visits

Decision rationale: The request for follow-up visit with pain management is not medically necessary. The Official Disability Guidelines state that evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker. The need for clinical office visit with a health care provider is individualized based upon a review of the injured worker's concern, signs, and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The requested follow-up visit was in direct relation to the lumbar medial branch blocks. As the lumbar medial branch blocks have been not medically necessary, the need for follow-up visit with pain management is also not medically necessary. As such, the request is not medically necessary.