MAXIMUS Federal Services

Case Number:	CM14-0009863		
Date Assigned:	02/21/2014	Date of Injury:	06/09/2011
Decision Date:	08/06/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 is a 50-year-old male who has submitted a claim for thoracic or lumbosacral neuritis or radiculitis associated with an industrial injury date of June 9, 2011.Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain rated 6/10 with radiation to the left leg. There were also numbness, tingling and left lower extremity weakness. Physical examination of the lumbar spine showed limitation of motion; tenderness over the left paravertebral muscles and spinous processes at L2, L3 and L4; decreased light touch sensation over the L5-S1 dermatomes on the left; and bilaterally positive SLR. MRI of the lumbar spine obtained on April 7, 2012 revealed multilevel degenerative disc disease and facet joint arthropathy; broad-based posterior herniated disc at L4-5 with posterior disc displacement ~5mm; and mass effect at nerve roots of bilateral L5 with bilateral neural foraminal narrowing. EMG of the bilateral lower extremities performed on December 17, 2012 showed evidence of severe bilateral acute L4, L5 and S1 radiculopathy and underlying peripheral neuropathy involving motor and sensory fibers. The diagnoses were thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy and myalgia/myositis. Treatment plan includes a request for medial branch block on the left L3-L4, L4-L5 and L5-S1.Treatment to date has included oral and topical analgesics, physical therapy, home exercises, acupuncture, massage therapy, back brace, heat/cold modality, left piriformis injection and lumbar ESIs.Utilization review from January 21, 2014 denied the requests for medial branch block at left L3-4, L4-5, and L5-S1 because clinical picture is consistent with active radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK AT LEFT L3-4 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Facet joint diagnostic blocks (injections); Facet joint pain, signs & symptoms.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that medial branch blocks are not recommended except as a diagnostic tool. There is also 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 failure of conservative treatment prior to the procedure for at least 4-6 weeks. Suggested indicators of pain related to facet joint pathology include: tenderness to palpation in the paravertebral areas (over the facet region); normal sensory examination; absence of radicular findings, although pain may radiate below the knee; normal straight leg raising exam. In this case, physical examination showed tenderness over the spinous processes at L2, L3 and L4 and not over the facet joints. A bilaterally positive SLR was also noted. Physical exam findings were inconsistent with facet joint pathology. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for MEDIAL BRANCH BLOCK AT LEFT L3-4 QTY: 1.00 is not medically necessary.

MEDIAL BRANCH BLOCK AT LEFT L4-5 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that medial branch blocks are not recommended except as a diagnostic tool. 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 failure of conservative treatment prior to the procedure for at least 4-6 weeks. In this case, subjective complaints of radiculopathy were confirmed by electrodiagnostic studies. The guideline clearly states that medial branch blocks are not indicated for low back pain in the

presence of radiculopathy. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for MEDIAL BRANCH BLOCK AT LEFT L4-5 QTY: 1.00 is not medically necessary.

MEDIAL BRANCH BLOCK AT LEFT L5-S1 QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that medial branch blocks are not recommended except as a diagnostic tool. 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 failure of conservative treatment prior to the procedure for at least 4-6 weeks. In this case, there was evidence of radiculopathy on physical examination corroborated by imaging and electrodiagnostic studies. The guideline clearly states that medial branch blocks are not indicated for low back pain in the presence of radiculopathy. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for MEDIAL BRANCH BLOCK AT LEFT L5-S1 QTY: 1.00 is not medically necessary.