

Case Number:	CM14-0101033		
Date Assigned:	07/30/2014	Date of Injury:	11/17/1994
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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:

This is a 53-year-old male with a 11/17/94 date of injury. At the time (4/29/14) of request for authorization for Retro: Bilateral L2 facet nerve block DOS 5/6/14 QTY 2, there is documentation of subjective axial low back pain radiating into the hips and groin, as well as objective documentation of antalgic gait. Current diagnoses include: status post lumbar fusion at L5-S1 and post-laminectomy syndrome. Current treatment includes: epidural steroid injection, physical therapy, spinal cord stimulator, and medications. On 6/17/14 medical report identifies that the patient has facet mediated pain. There is no clear documentation of pain that is non-radicular.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Bilateral L2 facet nerve block DOS 5/6/14 QTY 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC; Official Disability Guideline Treatment; Integrated Treatment /Disability Duration Guidelines Low Back.

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: MTUS reference to ACOEM identifies, "documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block." ODG identifies, "documentation of low-back pain that is non-radicular at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, 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, as criteria necessary to support the medical necessity of medial branch block." There is documentation of low back pain at no more than two levels bilaterally, within the medical information available for review. ODG states, "Failure of conservative treatment (including home exercise, PT, 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." However, despite documentation that the "patient has facet mediated pain, and given documentation of subjective findings regarding axial low back pain radiating into the hips and groin, there is no clear documentation of pain that is non- radicular." Therefore, based on guidelines and a review of the evidence, the request for Retro: Bilateral L2 facet nerve block DOS 5/6/14 QTY 2 is not medically necessary.