

Case Number:	CM14-0102378		
Date Assigned:	07/30/2014	Date of Injury:	03/18/2013
Decision Date:	09/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 61-year-old female who reported an injury on 03/18/2013. The mechanism of injury was not provided with the documentation submitted for review. Her diagnoses were noted to be lumbar facet arthropathy, lumbar radiculitis on the right, and lumbar disc displacement. Prior treatments were noted to be trigger point injections. Diagnostic studies include magnetic resonance imaging of the lumbar spine. The injured worker's subjective complaints were noted on 06/27/2014 in a physical examination. She had complaints of right upper extremity discomfort. She noted constant lower back pain more to the right. There was weakness in the right lower limb without numbness or tingling. The objective physical exam findings noted no paravertebral muscle spasm. There was no tenderness of the cervical, thoracic, or lumbar spine or paraspinal musculature. There was no tenderness about the sternocleidomastoids, trapezii, rhomboids, sacroiliac joints, or sacrosciatic notches. Deep tendon reflexes were equal and active in the biceps, triceps, brachioradialis, quadriceps, and gastrocnemius muscles. The sensory examination to pinwheel was normal. There was good muscle strength in all major muscle groups. Her medications were noted to be Celebrex, tramadol, nortriptyline, and duloxetine. The treatment plan recommended injections and medications for flare ups. The provider's rationale for the request was not provided with the examination on 06/27/2014. A request for authorization form was provided with this review and dated 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Medial Branch Block L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back; Facet Joint Medial Branch Blocks (Therapeutic Injections).

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, Facet joint medial branch blocks.

Decision rationale: The request for bilateral lumbar medial branch block L3, L4, L5 is not medically necessary. The California MTUS American College of Occupational and Environmental Medicine state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend diagnostic blocks with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Criteria for use of diagnostic blocks for facet mediated pain include: blocks limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally; there must be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. The documentation should include a future plan for a rhizotomy/neurotomy to follow. The injured worker's clinical evaluation on 06/27/2014 fails to provide objective indication of pain related to facet joint pathology. Documentation does not support failure of conservative treatments. The documentation did not indicate a future plan for a rhizotomy. In addition, the provider's request is in excess of the Guidelines recommendation of no more than 2 levels bilaterally. Therefore, the request for bilateral lumbar medial branch block L3, L4, L5 is not medically necessary.