

Case Number:	CM14-0108979		
Date Assigned:	09/22/2014	Date of Injury:	09/27/2001
Decision Date:	10/21/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 55-year-old female with a 9/27/01 date of injury. She was seen on 7//2/14 with complaints of some neck pain and left arm that had been recently reduced after a recently epidural, as well as low back pain and low leg pain. Exam findings revealed an antalgic gait. L2-L4 myotomes were reduced in strength bilaterally to 4+/5 and mild bilateral neural foraminal stenosis; Bilateral facet arthrosis at L3/L4. MRI L spine 10/03/12: Grade 2 retrolisthesis of L2/L3, a 2.9mm disc bulge on the thecal sac at that level. Treatment to date: medications, epidurals, heat and cold therapy. An adverse determination was made on 7/3/14 given the request was outside the compensable area.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left lumbar L1 L2 L3 medial branch block as an outpatient for diagnosis of post laminectomy syndrome lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/low back](https://www.acoempracguides.org/low%20back), table 2, summary of recommendations, low back disorders

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-Medial Branch Blocks.

Decision rationale: CA MTUS does not address this issue. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. In this patient, there is a lack of documentation regarding the amount and duration of conservative treatment the patient has had prior to the requested procedure. In addition, there is a lack of recent documentation regarding the patient's localized pain at the requested levels. The patient has radicular pain, and from exam findings there is no clarity as to whether the patient also had localized pain on provocative testing from L1-L3. Therefore, the request for 1 left lumbar L1 L2 L3 medial branch block as an outpatient for diagnosis of post laminectomy syndrome lumbar is not medically necessary.