

Case Number:	CM14-0010187		
Date Assigned:	04/11/2014	Date of Injury:	10/18/2006
Decision Date:	05/27/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/24/2014

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 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 has submitted a claim for low back pain with an industrial injury date of October 18, 2006. The treatment to date has included medications, aqua therapy, multiple lumbar epidural steroid injections, and multiple lumbar medial branch radiofrequency ablations (RFAs), the last of which provided 70% pain relief with decreased medication use. A utilization review from December 30, 2013 denied the request for left medial branch blocks of L3-4 and L4-5 with fluoroscopy and sedation because pain relief was not well documented after previous medial branch blocks and the use of intravenous sedation may be grounds to negate the results of a diagnostic block. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant low back pain accompanied by bilateral leg and knee pain, which was worse in the morning and rated 5-7/10 with medications and 8-10/10 without medications. The pain was sharp, shooting, stabbing, and electrical, and was made worse by lifting, bending, stress, twisting, cold, and no sleep but made better by sleep, rest, medication, nerve blocks, and changing positions. The patient is able to do activities without assistance but uses a cane. On physical examination, gait was steady with forward posture. Lumbosacral exam showed decreased range of motion and tenderness over the lumbar facets, with pain elicited upon rotation and hyperextension of the torso. An MRI (magnetic resonance imaging) of the lumbar spine without contrast dated December 4, 2013 showed L4-5 right posterior lateral disc bulge causing mild right neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT MEDIAL BRANCH BLOCKS OF L3-4 AND L4-5 WITH FLUOROSCOPY AND SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of diagnostic blocks for facet "mediated" pain.

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 (MBBs).

Decision rationale: The CA MTUS does not specifically address medial branch blocks; however, the Official Disability Guidelines (ODG) states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. The 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; there is documentation of conservative treatment prior to the procedure for at least 4-6 weeks; and the use of intravenous sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety. In this case, the patient has previously undergone multiple lumbar branch blocks, with documented 70% pain relief; however, there was no discussion whether the requested repeat block will be used as a diagnostic tool as recommended by the guidelines. Furthermore, there was no documentation of failure of conservative management. Moreover, sedation is requested, which according to the guidelines, may negate the results of the block. The medical records do not indicate that the patient suffered from extreme anxiety, which may warrant intravenous sedation. The criteria have not been met; therefore, the request for left medial branch blocks of L3-4 and L4-5 with fluoroscopy and sedation is not medically necessary.