

Case Number:	CM14-0010922		
Date Assigned:	02/21/2014	Date of Injury:	11/30/2010
Decision Date:	07/11/2014	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:

This is a 49-year-old male with a 11/30/10 date of injury to the low back after descending down the cabin of his tank truck. The patient was noted to have had a lumbar epidural on 9/29/11 given he had complaints of low back pain with radiation to the right leg at that time, as well as an SI joint injection on 5/17/12, which provided 60-70% pain relief for one year. The patient was seen on 12/8/13 for ongoing low back complaints with radiation to the upper spine and neck. He was noted to have a slow antalgic gait. Exam findings revealed tenderness over the left SI joint and paraspinal muscles with spasm. Kemp's, Fabere's, Gaenslen's, and SI stress tests were positive. Lumbar (L spine) range of motion was limited. There were no focal neurological deficits. The treatment plan was to perform lumbar facet blocks on December 20th as these were already authorized. MRI L spine 12/22/10: L4/5 mild to moderate facet arthropathy with 2mm disc bulge; L5/S1 3-4 mm disc protrusion with mild to moderate bilateral neuroforaminal narrowing. Treatment to date: lumbar epidural, neck brace, medications, acupuncture, TENS unit, Ortho Stim unit, aqua therapy, physical therapy x12A UR decision dated 1/20/14 denied the request for medial branch blocks at L4/5 and L5/S1 given guidelines do not support lumbar facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BILATERAL L4-S1 MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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 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. The patient had an epidural in 2011 with apparently good results; a decrease in pain of 60-70% for a year was noted with the epidural and SI joint injections. The patient was no longer complaining of radicular pain after that and there was no evidence of radicular findings on exam. The patient has chronic non-radicular low back pain, which may benefit from a medial branch block; however this was already noted to be certified for a procedure slated for 12/20/13 in the 12/8/13 progress note. Hence, another medial branch block is unnecessary as the patient was authorized to have one. If the branch block is successful the next step would be a rhizotomy at these levels, a medial branch block is not repeated. While the original request for the medial branch block, which was supposed to have been done on 12/20/13, would have been reasonable, a repeat block is not necessary as it will not yield any additional information. Therefore, the request as submitted was not medically necessary.