

Case Number:	CM14-0010970		
Date Assigned:	02/21/2014	Date of Injury:	08/05/2008
Decision Date:	07/17/2014	UR Denial Date:	01/13/2014
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 Anesthesiology, has a subspecialty in Pain Management 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 is a 38-year-old male who has submitted a claim for low back pain and lumbar facet syndrome associated with an industrial injury date of August 5, 2008. Medical records from 2013 were reviewed, the latest of which dated December 23, 2013 revealed that the patient reports mid back and low back pain. The patient is not trying any other therapies for pain relief. He continues to use the TEN unit 2-3 times a week for 45 minutes. On physical examination, there is limitation in range of motion of the lumbar spine in flexion to approximately 65 degrees, extension to approximately 15 degrees, and left lateral rotation to approximately 15 degrees. There is paravertebral muscle spasm and tenderness noted on the right side. Lumbar facet loading is positive on the right side. Ankle and patellar jerk is 1/4 on both sides. Lumbar x-ray dated October 31, 2013 revealed facet arthropathy L4-5 and L5-S1. The treatment to date has included right L4-5 and L5-S1 facet joint medial branch block (6/8/11), physical therapy, acupuncture, lumbar epidural steroid injection, TENS, home exercise program, and medications which include Tylenol PM, Tylenol, Naprosyn, Ultram and ibuprofen. Utilization review from January 8, 2014 denied the request for right L4-L5 and L5-S1 medial branch block because there is no inclusion of objective documentation of the exhaustion of conservative treatments at least four to six weeks prior to the procedure being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-L5 AND L5-S1 MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. 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; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. In this case, right L4-L5 and L5-S1 medial branch block was requested for the low back pain. The patient presents with radicular signs and symptoms manifested as hyporeflexia and positive provocative test. The presence of radiculopathy is an exclusion criterion for medial branch blocks. Also, there is no documentation of failure of conservative treatment 4-6 weeks prior to the requested procedure. The medical necessity for medial branch block was not established. Therefore, the request for right L4-L5 and L5-S1 medial branch block is not medically necessary.