

Case Number:	CM14-0012859		
Date Assigned:	02/24/2014	Date of Injury:	06/22/2001
Decision Date:	06/27/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine & Rehabilitation, 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:

According to the records made available for review, this is a 58-year-old male with a 6/22/01 date of injury. At the time (12/9/13) of request for authorization for medial branch block (MBB) L3, L4, L5, S1, and sacral ALA for diagnosis, there is documentation of subjective (low back pain radiating to the bilateral lower extremities) and objective (decreased lumbar range of motion, positive lumbar facet loading, absent ankle and patellar reflexes bilaterally, and decreased sensation over the foot, calf, and thigh) findings. The current diagnoses include lumbar degenerative disc disease. The treatment to date includes medications and injections. There is no documentation of pain that is non-radicular and at no more than two levels bilaterally, and no more than 2 joint levels to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL MBB L3, L4, L5, S1, AND SACRAL ALA: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Medial Branch Blocks (MBBs).

Decision rationale: The MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. The Official Disability Guidelines (ODG) identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy, and non-steroidal anti-inflammatory drugs (NSAIDs)) prior to the procedure for at least 4-6 weeks, and no more than two joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of a diagnosis of lumbar degenerative disc disease. In addition, there is documentation of low back pain and failure of conservative treatment (medications and injections). However, given documentation of subjective (low back pain radiating to the bilateral lower extremities) and objective (absent ankle and patellar reflexes bilaterally, and decreased sensation over the foot, calf, and thigh) findings, there is no documentation of pain that is non-radicular and at no more than two levels bilaterally. In addition, given documentation of a request for medial branch block (MBB) L3, L4, L5, S1, and sacral ALA, there is no documentation of no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for MBB L3, L4, L5, S1, and sacral ALA for diagnosis is not medically necessary.