MAXIMUS Federal Services

Case Number:	CM14-0015654		
Date Assigned:	03/03/2014	Date of Injury:	09/21/1998
Decision Date:	08/04/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/07/2014

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:

The patient is a 65-year-old female who has submitted a claim for low back pain associated with an industrial injury date of September 21, 1998. The medical records from 2013-2014 were reviewed. The patient complained of low back and knee pain. There was numbness in her right leg on the ball of her foot. The physical examination showed patient walking on a normal gait. There was diffuse muscle tenderness involving many muscle groups. Reflexes were 0 on the knees and ankles. There was full range of motion in all joints of the lower extremities. There was 1+ ankle swelling, more on the left. Imaging studies were not available for review. The treatment to date has included medications, physical therapy, weight loss program, activity modification, bilateral knee replacement, and diagnostic lumbar medial branch block L3-4 and L4-5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL MEDIAL BRANCH BLOCK AT L3-4 RADIO FREQUENCY ABLATIONS PER REPORT DATED 1/4/2014, QTY: 2.00: Upheld

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

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 Chapter, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the ODG state 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; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, the patient complains of low back and knee pain. A previous bilateral medial branch block at L3-4 and L4-5 dated October 13, 2012 provided 2-3 weeks of nearly pain free back pain. However, there was no discussion regarding percent of pain relief from the previous treatment. Furthermore, the medical records submitted for review failed to show objective evidence of analgesia and functional improvement derived from the procedure. Moreover, there was no documentation of failure of conservative treatment. The criteria have not been met. In addition, repeat medial branch blocks are dependent on the results of the first block, hence two additional medial branch blocks are not recommended. Therefore, the request for bilateral medial branch block at L3-4 radio frequency ablations per report dated 1/4/2014, QTY: 2.00 is not medically necessary.

BILATERAL MEDIAL BRANCH BLOCK AT L4-5 RADIO FREQUENCY ABLATIONS PER REPORT DATE 1/4/2014, QTY: 2.00: Upheld

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

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 Chapter, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the ODG state 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; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, the patient complains of low back and knee pain. A previous bilateral medial branch block at L3-4 and L4-5 dated October 13, 2012 provided 2-3 weeks of nearly pain

free back pain. However, there was no discussion regarding percent of pain relief from the previous treatment. Furthermore, the medical records submitted for review failed to show objective evidence of analgesia and functional improvement derived from the procedure. Moreover, there was no documentation of failure of conservative treatment. The criteria have not been met. In addition, repeat medial branch blocks are dependent on the results of the first block, hence two additional medial branch blocks are not recommended. Therefore, the request for bilateral medial branch block at L4-5 radio frequency ablations per report date 1/4/2014, QTY: 2.00 is not medically necessary.

NEEDLE LOCALIZATION BY X-RAY QTY: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.