

Case Number:	CM14-0015720		
Date Assigned:	03/03/2014	Date of Injury:	02/10/2005
Decision Date:	08/07/2014	UR Denial Date:	01/27/2014
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 40-year-old male who has submitted a claim for displacement of lumbar intervertebral disc without myelopathy associated with an industrial injury date of February 10, 2005. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain rated 5-6/10 with referring pain to the right thigh area. Pertinent physical examination showed slight tenderness across the lower back. Gait, range of motion, and neurologic examination were normal. An MRI of the lumbar spine obtained on March 8, 2013 revealed multiple level disc pathology with disk desiccation and 2mm protrusion at L3-4, and annular fissure and 2mm right paracentral posterior disk protrusion at L5-S1. Facet joint injections at the bilateral L3-4, L4-5, and L5-S1 were done on October 28, 2010. However, pain relief was short-term. The diagnoses were multilevel disc disorder at L3-4 and L5-S1, status post facet joint injections x 2. Treatment plan includes are request for lumbar medial branch block injection at the levels of bilateral L3-L4 and L5-S1. Treatment to date has included oral analgesics, muscle relaxants, facet joint injections, physical therapy, home exercises, heat modality and massage. Utilization review from January 27, 2014 denied the request for lumbar medial branch block injection at the levels of bilateral L3-L4 and L5-S1. The reason for denial was not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDIAL BRANCH BLOCK INJECTION AT THE LEVELS OF BILATERAL L3 -L4 AND L5- S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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 joint intra-articular injections (therapeutic blocks).

Decision rationale: The ODG criteria for use of therapeutic medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; subsequent neurotomy if the medial branch block is positive (initial pain relief of 70%); no more than 2 joint levels may be blocked at any one time; and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In this case, the patient received facet joint injections at the bilateral L3-4, L4-5, and L5-S1 on October 28, 2010. However, pain relief was short-term and was not quantified. Moreover, there was no evidence that treatment will be given in conjunction with evidence-based activity and exercise. The guideline criteria were not met. Likewise, there was no objective evidence of trial and failure of other guideline-supported conservative treatments to relieve pain. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request is not medically necessary.