

Case Number:	CM14-0114909		
Date Assigned:	08/06/2014	Date of Injury:	08/19/2013
Decision Date:	09/16/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/22/2014

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:

There were 429 pages provided for this review. The application for independent medical review was signed on July 15, 2014. The items that were denied or modified for the fluoroscopically guided diagnostic bilateral T12-L1 facet joint medial branch block and the fluoroscopically guided diagnostic bilateral L2-L3 facet joint medial branch block. Per the records provided, the claimant is a 28-year-old male employee of the Department of Corrections who was in a violent physical confrontation with an inmate as part of a five person team. He fell to the ground striking the back of his helmeted head. He started becoming dazed and disoriented. On April 16, 2014 the doctor noted that the claimant had complaints of bilateral thoracic back pain and bilateral low back pain. He diagnosed the claimant as having a facet arthropathy. He did not document previous conservative care that the patient underwent. On August 17 it was again noted he had bilateral lumbar facet joint pain, lumbar facet joint arthropathy, thoracic facet joint pain and thoracic facet joint arthropathy and chronic low back pain. It is said that he failed physical therapy, non-steroidal anti-inflammatory medicines and conservative care. The reviewer noted that the block should be done after failure of conservative care including a home exercise program physical therapy and non-steroidal anti-inflammatory medicine prior to the procedure for at least 4 to 6 weeks. The doctor did not document a failure of the home exercise program. This was the basis for the denial on the request. There was a July 15, 2014 comprehensive medical legal evaluation report. He is a 28-year-old man with bilateral thoracic back pain, back pain, chronic headaches and head pain. Exacerbating factors were prolonged sitting, prolonged standing lifting and driving. The patient has failed physical therapy, non-steroidal anti-inflammatories and conservative treatments. The utilization review physician denied the procedure because he did not see documentation of failure of a home exercise program; the treating doctor attests though that the patient did also fail the home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPICALLY-GUIDED DIAGNOSTIC BILATERAL T12-L1 FACET JOINT MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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, under Facet Injections and medial branch blocks.

Decision rationale: On the surface, I was prepared to certify this request, since the original reviewer denied it because a home program was not done, but the treating doctor noted the patient did complete and failed the home program as well. Therefore, the initial reviewer's concerns were met. But I see another problem: in both requests under review, the treating provider is requesting T12-L1 blocks, and then L2-L3 blocks. A level appears to be skipped [L1-L2]. Recalling the innervation anatomy, the medial facet branches generate three levels. If a level is skipped, then the block may not be effective. The ODG notes: MBB procedure: The technique for medial branch blocks in the lumbar region requires a block of 2 medial branch nerves (MBN). The recommendation is the following: (1) L1-L2 (T12 and L1 MBN); (2) L2-L3 (L1 and L2 MBN); (3) L3-L4 (L2 and L3 MBN); (4) L4-L5 (L3 and L4 MBN); (5) L5-S1: the L4 and L5 MBN are blocked, and it is recommended that S1 nerve be blocked at the superior articular process. (Clemans, 2005) As proposed, the blocks would skip an innervation level, and so are not medically necessary on that basis.

FLUOROSCOPICALLY-GUIDED DIAGNOSTIC BILATERAL L2-L3 FACET JOINT MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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, Facet and Medial Branch Block Injections.

Decision rationale: As shared previously, I was prepared to certify this request, since the original reviewer denied it because a home program was not done, but the treating doctor noted the patient did complete and failed the home program as well. However in both requests under review, the treating provider is requesting T12-L1 blocks, and then L2-L3 blocks. A level appears to be skipped [L1-L2]. Recalling the innervation anatomy, the medial facet branches generate three levels. If a level is skipped, then the block may not be effective. The ODG notes: MBB procedure: The technique for medial branch blocks in the lumbar region requires a block of 2 medial branch nerves (MBN). The recommendation is the following: (1) L1-L2 (T12 and L1

MBN); (2) L2-L3 (L1 and L2 MBN); (3) L3-L4 (L2 and L3 MBN); (4) L4-L5 (L3 and L4 MBN); (5) L5-S1: the L4 and L5 MBN are blocked, and it is recommended that S1 nerve be blocked at the superior articular process. (Clemans, 2005) As proposed, the blocks would skip an innervation level, and so are not medically necessary on that basis.