

Case Number:	CM14-0120220		
Date Assigned:	08/06/2014	Date of Injury:	07/08/2013
Decision Date:	10/02/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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 53-year-old male who has submitted a claim for lumbar strain, lumbar disc protrusion, and chemical spill to his body associated with an industrial injury date of 07/08/2013. Medical records from 07/08/2013 to 07/16/2014 were reviewed and showed that patient complained of low back pain graded 4-6/10. Physical examination revealed tenderness over the lumbar paraspinal muscles (worse at L4-5), decreased lumbar ROM, weakness of the quadriceps and hamstrings, decreased DTRs of lower extremities bilaterally, and positive SLR test at 25 degrees bilaterally. MRI of the lumbar spine dated 08/10/2013 revealed L4-5 disc desiccation and disc protrusion. Treatment to date has included physical therapy, HEP, heat/cold pack application, and oral and topical pain medications. Of note, patient progressed well with physical therapy (11/20/2013) Utilization review dated 07/18/2014 denied the request for Facet branch block medial branch rhizomes in the lower two to three levels because the guidelines do not recommend more than 2 levels 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:

Facet branch block medial branch rhizomes in the lower two to three levels: Upheld

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

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 Diagnostic Blocks (injections).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that medial branch blocks are not recommended except as a diagnostic tool. There is also 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, the patient complained of low back pain which prompted request for medial branch block. The patient's clinical symptoms and imaging results do not indicate signs of radiculopathy. However, there was no documentation of one set of diagnostic medial branch blocks with at least 70% pain relief. Furthermore, the patient was noted to progress well with physical therapy (11/20/2013). Lastly, the present request for medial branch block is not in conjunction with guidelines recommendation of blocks no greater than two levels in one session. The criteria for medial branch block were not met. Therefore, the request for Facet branch block medial branch rhizotomies in the lower two to three levels is not medically necessary.