MAXIMUS Federal Services

Case Number:	CM14-0127294		
Date Assigned:	08/15/2014	Date of Injury:	12/11/2013
Decision Date:	12/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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 claimant was injured on 12/11/13 when she fell. Bilateral median branch blocks from L3-L5 are under review. A lumbar spine MRI on 03/24/14 revealed disc desiccation at L4-5 and L5-S1 levels. On 06/11/14, the diagnosis was lumbar sprain. She had had 12 physical therapy visits and one acupuncture treatment but did not want more acupuncture. She denied any shooting pain to her extremities. Her back was not examined. There are multiple handwritten notes that are nearly illegible. She has had extensive treatment and also was diagnosed with carpal tunnel syndrome. She had a comprehensive physiatry consultation on 07/10/14. She had persistent low back pain. She had 9 sessions of physical therapy and had not improved. Her pain was primarily axial and high-grade with intermittent radiation to the posterior legs. The pain in her low back fluctuates and is increased with her activities. Therapy had been helpful. Physical examination revealed good range of motion. There was tenderness over the paralumbar extensors and facet joints. She had full strength and no sensory or reflex deficits. Straight leg raises were negative. She was diagnosed with facet-mediated pain and medial branch blocks were recommended prior to rhizotomies. Facet arthropathy was noted on the MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial branch block of L3-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Radiofrequency neurolytic medial branch blocks

Decision rationale: The history and documentation do not objectively support the request for bilateral medial branch blocks from L3-L5. The MTUS do not address medial branch blocks. The ODG state facet joint radiofrequency neurotomy is "under study... Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above...(6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy."In this case, the claimant's history of treatment to her low back indicates that she got relief from PT. There is no evidence, however, that she was advised to continue an exercise program to try to maintain any benefit she did receive. It is not clear whether the claimant has been involved in an ongoing exercise program which would be expected to be continued in conjunction with medial branch blocks. The medical necessity of this request for bilateral medial branch blocks at levels L3-L5 has not been clearly demonstrated.