

Case Number:	CM14-0127360		
Date Assigned:	08/15/2014	Date of Injury:	12/19/1984
Decision Date:	09/24/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation 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 was injured on 12/19/1984 when she fell down a flight of steps at work. She has been treated conservatively with 6 visits of physical therapy with improvement, chiropractic therapy, and massage therapy. Prior medication history included Norco which did not help, Morphine which did not help, Ambien, Exalgo which did not help, and Cymbalta. Diagnostic studies reviewed include x-rays of the lumbar spine dated 03/06/2014 revealed limited range of motion but there is no instability demonstrated with flexion and extension. The injured worker has pedicle screws and vertical stabilization hardware at the L4-L5 posterior fusion site of tooth to be in good position. Pain management note dated 06/10/2014 revealed the patient continued with back pain. She rated her pain as 8/10 at worst. On exam, she has tenderness to palpation over the lower lumbar facets bilaterally. Facet loading test is positive bilaterally in the lumbar region. Her spine extension is restricted and painful. Physical therapy note report dated 06/13/2014 states the patient presented with persistent back pain and severe difficulty with walking. On exam, she is able to flex hips and back to 15 degrees. AOM of the lumbar spine revealed flexion at 75%; extension at 0%; side bending at 25% bilaterally; rotation 25% with pain at all end ranges. She is diagnosed with chronic pain syndrome, lumbosacral spondylosis without myelopathy, and lumbago. She has been recommended for bilaterally medial branch blocks. Prior utilization review dated 08/07/2014 states the request for bilateral medial branch blocks at L4, L5 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch blocks at L4, L5: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks injections Other Medical Treatment Guideline or Medical Evidence: <http://www.spine-health.com/treatment/injections/medial-branch-nerve-blocks>.

Decision rationale: The CA MTUS/ACOEM guidelines state, "Invasive techniques (e.g., local injections and facet-joint injections of Cortisone and Lidocaine) are of questionable merit." The request for lumbar MBB at L4 and L5 levels bilaterally is not recommended or supported by the guidelines. Official Disability Guidelines state consideration for lumbar facet joint medial branch blocks require relevant criteria be met, such as the injections must be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. According to medical records, the patient continues complaints of low back pain with a history of lumbar spine surgery with no documentation of facet arthropathy. The medical records do not establish the patient is a candidate for lumbar medial branch blocks, the request is not medically necessary. The request is not medically necessary and appropriate.