

Case Number:	CM14-0130686		
Date Assigned:	08/20/2014	Date of Injury:	12/14/2006
Decision Date:	10/24/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 69-year-old male with a 12/14/06 date of injury. At the time (7/23/14) of request for authorization for Repeat bilateral L3-L5 Lumbar diagnostic medial branch nerve blocks, there is documentation of subjective (chronic low back pain radiating to left L2,4, and 5 distribution associated with tingling, numbness and weakness in the left lower extremity) and objective (body mass index of 37.2, blood pressure of 160/93, and pulse rate of 67 beats per minute) findings, current diagnoses (lumbosacral radiculitis and lumbosacral spondylosis without myelopathy), and treatment to date (medications, previous medial branch injection, and massage therapy). Medical report identifies that previous medial branch injection provided 50% pain relief. There is no documentation of low-back pain that is non-radicular; and duration of at least 6 weeks (wherein the recommendation is to proceed to a subsequent neurotomy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat bilateral L3-L5 Lumbar diagnostic medial branch nerve blocks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: The MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of medial branch block. ODG identifies that if successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). Within the medical information available for review, there is documentation of diagnoses of lumbosacral radiculitis and lumbosacral spondylosis without myelopathy. However, given documentation of subjective (chronic low back pain radiating to left L2,4, and 5 distribution associated with tingling, numbness and weakness in the left lower extremity) findings, there is no documentation of low-back pain that is non-radicular. In addition, despite documentation that previous medial branch injection provided 50% pain relief, there is no documentation of duration of at least 6 weeks (wherein the recommendation is to proceed to a subsequent neurotomy). Therefore, based on guidelines and a review of the evidence, the request for Repeat bilateral L3-L5 Lumbar diagnostic medial branch nerve blocks is not medically necessary.