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| Case Number: | CM14-0150888 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 07/11/2006 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 09/03/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

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, 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:

This is a patient with a date of injury of 7/11/06. A utilization review determination dated September 3, 2014 recommends non-certification of lumbar medial branch nerve blocks L4-S1 bilateral. August 25, 2014 medical report identifies chronic back pain with radicular complaints down the left leg to the lateral calf. Back pain is much worse than leg pain. Caudal ESI was denied. She would like to trial a facet procedure. There is a history of a lumbar fusion in 2007 from L4-S1. On exam, there is tenderness at the lumbosacral junction. Back pain is increased with trunk extension and lateral flexion. Recommendations include Lyrica and medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch nerve blocks at L4-S1, under fluoroscopy and sedation, quantity of six: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 08/22/14), Facet Joint Diagnostic Blocks (injections) and <http://www.ncbi.nlm.nih.gov/pubmed/16952818>

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 Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that medial branch blocks may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. They also note that the blocks should not be performed in patients with a prior fusion at the same level. Within the documentation available for review, the patient is noted to have radicular complaints with no indication of a normal neurologic exam. Additionally, there is a history of fusion at the levels requested for the procedure. In light of the above issues, the request for Bilateral lumbar medial branch nerve blocks at L4-S1, under fluoroscopy and sedation, quantity of six, is not medically necessary or appropriate.