

Case Number:	CM14-0155187		
Date Assigned:	09/25/2014	Date of Injury:	02/18/2000
Decision Date:	10/27/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/22/2014

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 71 year old female who was injured on 02/18/2000. The mechanism of injury is unknown. Prior medication history included Norco, Gabapentin, and Menthoderm. She has received a medial branch block bilaterally at L4/5 and L5/S1 on 6/13/14. Diagnostic studies reviewed include MRI of the cervical spine dated 02/25/2013 revealed grade I spondylolisthesis at L4-L5 on the right and HNP L4-L5, L5-S1 and facet arthropathy. Progress report dated 08/05/2014 states the patient presented with complaints of neck and low back pain with bilateral lower extremities symptoms. She reported she increased her Norco 7.5/325 mg from 3 times a day to 4 times a day due to the increased pain. She reported she was using LidoPro cream and Gabapentin 300 mg 3 times day as it helps to decrease her pain and increase her function. Objective findings on exam revealed decreased sensation in the left L3-L5 dermatomes. She has pain inhibited weakness with positive facet challenge bilaterally in her lumbar spine. She was diagnosed with cervical and lumbar radiculopathy, grade I spondylolisthesis, HNP (Herniated Nucleus Pulposus) cervical and lumbar spine, and facet arthropathy cervical and lumbar spine. The recommendation and request is for confirmatory medial branch block at L4-5 and L5-S1 levels. Prior utilization review dated 08/19/2014 by [REDACTED] the request for 1 confirmatory medial branch block at L4-5 and L5-S1 level 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:

One confirmatory medial branch block at L4-5 and L5-S1 level: Upheld

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

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 medial branch block

Decision rationale: Guidelines for facet joint diagnostic blocks indicate that the criteria for medial branch block is "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." This patient is diagnosed with lumbar radiculopathy. In addition, guidelines recommend not more than one set of medial branch diagnostic blocks prior to facet neurotomy. According to medical records, she has received a medial branch block bilaterally at L4/5 and L5/S1 on 6/13/14. Given that patient has lumbar radiculopathy and that one set of medial branch block already, the request of one confirmatory medial branch block at L4-5 and L5-S1 level is not medically necessary and appropriate.