

Case Number:	CM14-0165263		
Date Assigned:	10/10/2014	Date of Injury:	04/26/2012
Decision Date:	11/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/07/2014

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 Neurological Surgery, 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 54-year-old female with a 4/26/12 date of injury. At the time (9/8/14) of request for authorization for lumbar spine medial branch blocks, there is documentation of subjective (axial low back pain consistent with facet arthritis, no evidence of radiculopathy, and spasm of the low back) and objective (lumbar facet mediated pain at L4-5 and L5-S1 on the right) findings, current diagnoses (lumbar degenerative disc disease at L4-5 and L5-S1), and treatment to date (home exercise program, physical therapy, activity modification, NSAIDs, and muscle relaxants). Medical report identifies a request for a trial of medial branch blocks at L4-5 and L5-S1 on the right. There is no documentation of no more than one block performed per session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Facet Injections.

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, Medial Branch Blocks (MBBs).

Decision rationale: 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 documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and no more than one block performed per session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of a diagnosis of lumbar degenerative disc disease at L4-5 and L5-S1. In addition, there is documentation of a request for a trial of medial branch blocks at L4-5 and L5-S1 on the right. Furthermore, there is documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. However, given documentation of a request for lumbar spine medial branch blocks, there is no documentation of no more than one block performed per session. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Spine Medial Branch Blocks is not medically necessary.