

Case Number:	CM14-0181339		
Date Assigned:	11/06/2014	Date of Injury:	05/23/2012
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/31/2014

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 Texas and Oklahoma. 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 injured worker is a 51-year-old male who reported an injury on 05/28/2012. The mechanism of injury was heavy lifting. His diagnoses included lumbago, lumbosacral disc degeneration, lumbar spondylosis, sciatica, and radiculitis. His past treatments included medications and steroid injections. Diagnostic studies included an MRI of the lumbar spine on 03/06/2014, which revealed disc and endplate degeneration and a tiny disc protrusion at the L5-S1 spinal area. The progress note dated 09/24/2014 indicated the injured worker complained of lower back pain that radiated to his right posterior toes. The pain was rated 8/10 and was worsened by lifting and bending and improved 70% with medications. Examination of the lumbar spine revealed tenderness to palpation over the paraspinous and sacroiliac joints with mild spasm and limited range of motion. His medications included gabapentin, tramadol, and ibuprofen. The treatment plan included continuation of medications and a recommendation for right L3 through L5 medial branch block. The request was for a right L3-5 medial branch block. However, the rationale for the request and the Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-L5 medial branch block with mod sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Facet joint diagnostic blocks (injections)

Decision rationale: The request for right L3-L5 medial branch block with mod sedation is not medically necessary. The California MTUS/ACOEM Guidelines state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. More specifically, the Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Guidelines also indicate the use of sedation during diagnostic injections may increase the rate of false-positive blocks and lead to misdiagnoses and unnecessary procedures. There is a lack of clinical documentation to evidence a plan of care that included facet neurotomy as a treatment. The Guidelines also indicate that diagnostic blocks be limited to patients with low back pain that is nonradicular. Suggested indicators of facet joint pain such as tenderness to palpation in the paravertebral areas and a normal sensory examination were present on physical examination, however, there is no documentation of a straight leg raising exam. In addition, while the 09/24/2014 note reported the majority of the injured worker's pain was localized to the right side of the back, he also complained of low back pain that radiated to the right posterior toes. Also, Official Disability Guidelines indicate that there should be documentation of failure of conservative treatment (including home exercises, physical therapy, and nonsteroidal anti-inflammatory drugs) prior to the procedure for at least 4 to 6 weeks. There was a lack of documentation to evidence failure of these conservative treatments. The clinical documentation submitted for review failed to provide clinical evidence to support guideline criteria for the request. Therefore, the request for a Right L3-L5 Medial Branch Block with Mod Sedation is not medically necessary.