MAXIMUS Federal Services

Case Number:	CM14-0183701		
Date Assigned:	11/10/2014	Date of Injury:	07/11/2011
Decision Date:	12/26/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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 Tennessee. 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:

Medical records from 11/16/2012 up to 9/25/2014 were reviewed showing persistent lower back pain with radiations to the lower extremities. He is tolerating his exercises well. Pain is aggravated by twisting and bending. Lumbar examination revealed moderate tightness in the lumbar paravertebral musculature. There is tenderness over the midline at L4-5-S1. There is limited range of motion (ROM) with 2+ reflexes. There is no gross motor deficit in the lower extremities. MRI taken on 5/5/2014 revealed right L5-S1 degenerative osteophytosis and disc protrusion resulting in mild to moderate neural foraminal encroachment. There is mild degenerative disc desiccation at L4-L5. Treatment to date has included lumbar epidural steroid injection (1/16/2014), Tramadol, Naproxyn, heat, stretching and stabilizing exercises, and acupuncture.Utilization review from denied the request for median branch block L5-S1 and median branch block L4-5 (possibly). Adequate evidence for ongoing functional benefits and decreased medication use are lacking.

IMR ISSUES, DECISIONS AND RATIONALES

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

One median branch block at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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 Medial Branch Blocks (Therapeutic Injections), Facet Joint Diagnostic Blocks (Injections).

Decision rationale: CA MTUS does not specifically address medial branch blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: (1) one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; (2) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (3) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. In this case, the patient complains of persistent lower back pain with radiations to the lower extremities. Lumbar examination revealed moderate tightness in the lumbar paravertebral musculature. There is tenderness over the midline at L4-5-S1. There is limited range of motion (ROM) with 2+ reflexes. There is no gross motor deficit in the lower extremities. MRI taken on 5/5/2014 revealed right L5-S1 degenerative osteophytosis and disc protrusion resulting in mild to moderate neural foraminal encroachment. There is mild degenerative disc desiccation at L4-L5. There is no indication whether the request is for diagnostic or therapeutic purposes. In addition, a prior medial branch block was not documented. Moreover, the patient complains of radiating pain which is a not a criteria for this block. Therefore the request for median branch block L5-S1 is not medically necessary.

One median branch block at L4-L5 (possibly): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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 Medial Branch Blocks (Therapeutic Injections), Facet Joint Diagnostic Blocks (Injections)

Decision rationale: CA MTUS does not specifically address medial branch blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: (1) one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; (2) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (3) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. In this case, the patient complains of persistent lower back pain with radiations to

the lower extremities. Lumbar examination revealed moderate tightness in the lumbar paravertebral musculature. There is tenderness over the midline at L4-5-S1. There is limited range of motion (ROM) with 2+ reflexes. There is no gross motor deficit in the lower extremities. MRI taken on 5/5/2014 revealed right L5-S1 degenerative osteophytosis and disc protrusion resulting in mild to moderate neural foraminal encroachment. There is mild degenerative disc desiccation at L4-L5. There is no indication whether the request is for diagnostic or therapeutic purposes. In addition, a prior medial branch block was not documented. Moreover, the patient complains of radiating pain which is a not a criteria for this block. Therefore the request for median branch block L4-5 (possibly) is not medically necessary.