

Case Number:	CM14-0184583		
Date Assigned:	11/12/2014	Date of Injury:	06/23/2003
Decision Date:	12/15/2014	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/05/2014

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 Orthopedic Surgery, has a subspecialty in Spine 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 62-year-old male with a 6/23/03 date of injury. At the time (11/5/14) of request for authorization for (R) Medial Branch Block L3, L4, L5, there is documentation of subjective (low back aching pain, intermittent numbness in the right leg) and objective (antalgic gait, decreased and painful range of motion, myofascial tenderness to palpation) findings, current diagnoses (lumbar degenerative disc disease, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified), and treatment to date (epidural steroid injection and medications). There is no documentation of low-back pain that is non-radicular, failure of additional conservative treatment (including home exercise and PT) prior to the procedure for at least 4-6 weeks, and that no more than 2 joint levels are to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Medial Branch Block L3, L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified. In addition there is documentation of failure of conservative treatment (including medications). However, given documentation of intermittent numbness in the right leg and a diagnosis of lumbosacral neuritis or radiculitis, unspecified, there is no documentation of low-back pain that is non-radicular. In addition, there is no documentation of failure of additional conservative treatment (including home exercise and PT) prior to the procedure for at least 4-6 weeks. Furthermore, given that the request is for(R) Medial Branch Block L3, L4, L5, there is no documentation of no more than 2 joint levels are to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for (R) Medial Branch Block L3, L4, L5 is not medically necessary.