

Case Number:	CM14-0021247		
Date Assigned:	05/07/2014	Date of Injury:	05/17/2012
Decision Date:	08/07/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/20/2014

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 Occupational Medicine 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 35-year-old male who has submitted a claim for chronic right L4 and L5 radiculopathy, right lower lumbar facet disease associated from an industrial injury date of May 17, 2012. Medical records from 2013-2014 were reviewed, the latest of which dated April 4, 2014 revealed that the patient has escalating low back pain. He is extremely limited in any range of motion or activity. On physical examination, he has a few degrees range of motion in any direction in his lumbar spine. He provided poor effort with strength testing secondary to pain. Modified straight leg raise causes significant low back pain. Physical examination done February 27, 2014 revealed that the patient has positive facet loading maneuvers. There is tenderness over his right L4-5 and L5-S1 facets. Treatment to date has included medial branch blocks, rhizotomy, physical therapy, home exercise program, and medications that include tramadol, gabapentin, ibuprofen, Medrol Dosepak, Vicodin and Cymbalta. Utilization review from February 7, 2014 denied the request for medial branch blocks at right L4-5 and L5-S1 Facets because the report submitted does not document that the patient is a candidate for radiofrequency neurotomy should the medial branch blocks be affective, and the patient may also have lumbosacral radiculopathy which would disqualify him for medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCKS AT RIGHT L4-L5 AND L5-S1 FACETS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Chapter, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines 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 one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. In this case, the medial branch block was requested to improve back symptoms. The patient had previous medial branch block and rhizotomy; however, the outcome is unknown due to lack of documentation. The request was certified in the report dated February 26, 2014. In the most recent clinical evaluation, the patient presents with radicular signs and symptoms manifested as weakness, positive provocative test, among others. Presence of radiculopathy is an exclusion criterion for medial branch blocks. Also, there is no documentation of failure of conservative treatment 4-6 weeks prior to the requested procedure. The medical necessity for medial branch block was not established. Therefore, the request for Medial Branch Blocks at right L4-L5 AND L5-S1 facets is not medically necessary.