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| Case Number: | CM14-0021572 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 01/04/2000 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 01/21/2014 |
| 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 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:

The patient is a 67-year-old who has submitted a claim for lumbar facet syndrome, lumbar herniated nucleus pulposus and low back pain associated with an industrial injury date of January 4, 2000. Medical records from 2013 were reviewed, the latest of which dated December 18, 2013 revealed that the patient presented with complaints of low back pain and left medial knee pain. Physical examination revealed tenderness of the lumbar and thoracic region. MRI of the lumbar spine dated August 30, 2012 revealed central disc herniation at L5-S1. Broad-based bulging disc at L4-5, L3-4, L2-3 and L1-2 were noted. There was stenosis of the neural foramina at L5-S1, L4-5 and L3-4. Multilevel hypertrophic changes of the facet joints were noted. Treatment to date has included facet joint injection at L4-5 and L5-S1 (on May 28, 2013), and medications which include gabapentin, hydrocodone/acetaminophen, trazodone, tizanidine and Lidoderm. Utilization review from January 21, 2014 denied the request for medial branch block for right side L4-5, L5-S1 because there is no description on physical examination of symptoms to suggest the patient's pain is primarily facet mediated and that no radicular symptoms are present.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK FOR RIGHT SIDE L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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 BLOCK (INJECTIONS).

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, 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, medial branch block for right side L4-5, L5-S1 was requested for the low back pain. The patient undergone a facet joint injection at L4-5 and L5-S1 (on May 28, 2013) with 80% improvement on progress report (on June 11, 2013); however, duration of improvement was not indicated. In the most recent clinical evaluation, there are insufficient subjective and objective findings to support the necessity for medial branch block. Also, there is no documentation of failure of conservative treatment four to six weeks prior to the requested procedure. The medical necessity for medial branch block was not established. Therefore, the request for medial branch block for right side L4-5, L5-S1 is not medically necessary or appropriate.