Case Number:	CM14-0022339		
Date Assigned:	02/26/2014	Date of Injury:	05/06/1971
Decision Date:	07/24/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 43-year-old female who has filed a claim for lumbosacral spondylosis and lumbago associated with an industrial injury date of March 10, 1999. Review of progress notes indicates low back pain. Patient reports over 75% relief with the previous medial branch blocks at L2-L5. Findings include lumbar spine tenderness with paraspinous muscle spasms and bilateral facet loading signs. Lumbar CT dated November 06, 2013 showed lower lumbar spinal fusion, and mild L4-5 degenerative disc disease. Treatment to date has included NSAIDs, opioids, physical therapy, TENS, hypnosis, trigger point injections, cortisone injections, massage, heat/ice, lumbar medial branch blocks, and lumbar spinal surgery. Utilization review from February 11, 2014 denied the requests for bilateral lumbar medial branch blocks L2, L3, L4, and L5 and fluoroscopic guidance, as there is no documentation of need for another set of blocks, or of the need for different days; and for moderate sedation services as there is no support for doing blocks under sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR MEDIAL BRANCH BLOCK L2 NOT SAME DAY (SECOND SET) QTY: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) and Facet Joint Diagnostic Blocks (Injections).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. As noted in ODG, medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally, with conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. There is no rationale for performing a second medial branch block. Also, there is no documentation of failure of conservative management in this patient. Therefore, the request for bilateral lumbar medial branch block L2 not same day (second set) is not medically necessary.

BILATERAL LUMBAR MEDIAL BRANCH BLOCK L3 NOT SAME DAY (SECOND SET) QTY: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) and Facet Joint Diagnostic Blocks (Injections).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. As noted in ODG, medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally, with conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. There is no rationale for performing a second medial branch block. Also, there is no documentation of failure of conservative management in this patient. Therefore, the request for bilateral lumbar medial branch block L3 not same day (second set) was not medically necessary.

BILATERAL LUMBAR MEDIAL BRANCH BLOCK L4, L5 NOT SAME DAY (SECOND SET) QTY:2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) and Facet joint Diagnostic Blocks (injections).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. As noted in ODG, medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally, with conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. This patient has had previous fusion surgery, with CT results showing fusion changes at L4-5 and L5-S1. Therefore, the request for bilateral lumbar medial branch block L4, L5 not same day (second set) is not medically necessary.

FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Fluoroscopy (for ESI's).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, fluoroscopy is important in guiding the needle into the epidural space. In this case, the requested procedure of medial branch blocks does not require fluoroscopic guidance. Therefore, the request for fluoroscopic guidance was not medically necessary.

MODERATE SEDATION SERVICES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) and Facet Joint Diagnostic Blocks (Injections).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, the use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. In this case, there is no documentation regarding the necessity of sedation. Therefore, the request for moderate sedation services is not medically necessary.