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| Case Number: | CM14-0023346 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 09/14/1990 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 Physical Medicine and Rehabilitation, 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 injured worker is a 55 year old male with an injury reported on 09/14/1990. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/22/2014, reported that the injured worker complained of low back pain. Upon physical examination the injured worker had pain along the lumbar vertebral and paravertebral areas. It was noted the injured worker's back pain was non-radicular. The injured worker's prescribed medication list included Hydrocodone 10/325mg. The injured worker's diagnoses included lumbago. The provider requested one bilateral medial branch block at L3, L4, and L5 due to low back pain. The request for authorization was submitted on 02/20/2014. The injured worker's prior treatments were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BILATERAL MEDIAL BRANCH BLOCK AT L3, L4 AND L5: Upheld

Claims Administrator 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 - Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint diagnostic blocks (injections).

Decision rationale: The request for one bilateral medial branch block at L3, L4, and L5 is non-certified. The injured worker complained of low back pain. It was noted the injured worker had non-radicular pain along the lumbar vertebral and paravertebral areas. The CA MTUS/ACOEM guidelines state lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. It was noted the injured worker has non-radicular lower back pain. There is a lack of clinical information indicating the injured worker had positive facet loading. There is a lack of documentation indicating the injured worker had a negative neurologic exam upon physical examination. It was noted the neurological examination had no localizing findings. There is a lack of clinical information indicating the injured worker's pain was unresolved with physical therapy, home exercise, and/or NSAIDs. The documentation submitted did not indicate the injection was being performed prior to the request for a neurotomy. Therefore, the request is not medically necessary and appropriate.