

Case Number:	CM14-0024163		
Date Assigned:	06/11/2014	Date of Injury:	09/03/2001
Decision Date:	07/15/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 Physician 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:

This is a patient with a date of injury of 9/3/01. A utilization review determination dated 1/27/14 recommends non-certification of median branch block. A 1/15/14 medical report identifies excellent pain relief of 95% for 1 year with radiofrequency ablation of the median branch nerve left L3, L4, and L5 on 2/5/13. No abnormal exam findings are noted. The pain relief has worn off and the provider requested "radiofrequency thermocoagulation left L3, left L4, and left L5 and median branch block."

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAN BRANCH BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-310.

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 PAIN, SIGNS & SYMPTOMS, FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS), FACET JOINT RADIOFREQUENCY NEUROTOMY.

Decision rationale: Regarding the request for Median Branch Block, the California MTUS and ODG support this procedure for diagnostic purposes prior to consideration for radiofrequency ablation. Within the documentation available for review, there is documentation that the injured worker previously underwent radiofrequency ablation with 95% relief for a year. The provider subsequently recommended "radiofrequency thermocoagulation left L3, left L4, and left L5 and median branch block." There is no rationale provided for the median branch block portion of the request, as a successful radiofrequency ablation/thermocoagulation is typically repeated when the pain relief wears off without the need to repeat the diagnostic blocks that are done prior to the initial radiofrequency procedure. In light of the above issues, the currently requested Median Branch Block is not medically necessary.