MAXIMUS Federal Services

Case Number:	CM14-0027106		
Date Assigned:	06/13/2014	Date of Injury:	10/05/2001
Decision Date:	08/14/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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 54-year-old male who reported an injury on 10/05/2001 from an unknown mechanism. The injured worker complained of increased pain to his back, mainly with prolonged standing/sitting and rated his pain at a 5/10 to 6/10 on a 0 to 10 scale. He stated that the medication only provided less than 1/2 decrease in pain. Abnormal findings on 03/28/2014 were decreased range of motion in flexion of the lumbar spine due to pain, moderate tenderness throughout the lumbosacral spine and paraspinals with paralumbar muscle spasms, intact motor strength throughout the extremities and positive right straight leg raise. He had an MRI of the lumbar spine that showed positive degenerative changes. He had diagnoses of lumbago, lumbosacral spondylosis at L2-3 through L5-S1, lumbosacral neuritis and chronic pain syndrome. His medications included Tizanidine, Norco, Gabapentin, Etodolac and Flector patches. The plan was for the continuation of current medications and right L2, L3, L4 and L5 medial branch blocks under fluoroscopy as well as the continuation of home exercises. The Request for Authorization form was signed and dated 02/15/2014. There was rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L2, L3, L4, AND L5 MEDIAL BRANCH BLOCK UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, facet joint diagnostic blocks.

Decision rationale: The request for one L2, L3, L4 and L5 medial branch block under fluoroscopic guidance is non-certified. The injured worker complains of low back pain. He had past treatments of oral medications. California MTUS/ACOEM Guidelines state facet neurotomy is not recommended prior to diagnostic medial branch 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. They are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally with documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. The documentation indicated that the injured worker complained of increased pain that radiated to the right leg. He also had a positive straight leg raise on the right, indicative of radiculopathy. Therefore, the injured worker does not meet the criteria for a diagnostic facet joint block, as evidenced by a positive straight leg raise and the requirements for a diagnostic block of no more than 2 facet joint levels injected in one session. Therefore, the request for one L2, L3, L4 and L5 medial branch block under fluoroscopic guidance is not medically necessary.