

Case Number:	CM14-0035736		
Date Assigned:	06/23/2014	Date of Injury:	02/23/1995
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Anesthesiology and has a subspecialty in Pain Medicine 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:

According to the records made available for review, this is a 73-year-old female with a 2/23/95 date of injury. At the time (2/13/14) of the request for authorization for Pain Management facet block, bilateral L3-S1, Quantity: 3, there is documentation of subjective (severe back pain and stiffness with radiation to bilateral lower extremities, more severe on the left with numbness) and objective (very severe facet joint tenderness present at L3-S1 bilaterally, back extension and side rotation severely increase the back pain) findings, current diagnoses (s/p industrial trauma with prior laminectomy with severe facet joint osteoarthritis), and treatment to date (medication, rest, PT, and a home exercise program). There is no documentation of low-back pain that is non-radicular and no more than 2 joint levels to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management facet block, bilateral L3-S1, Quantity: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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, Medial Branch Blocks (MBBs).

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of s/p industrial trauma with prior laminectomy with severe facet joint osteoarthritis. In addition, there is documentation of s/p industrial trauma with prior laminectomy with severe facet joint osteoarthritis. In addition, there is documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. However, given documentation of severe back pain and stiffness with radiation to bilateral lower extremities, there is no documentation of low-back pain that is non-radicular. In addition, given that the request is for Pain Management facet block, bilateral L3-S1, Quantity: 3, there is no documentation of no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for Pain Management facet block, bilateral L3-S1, Quantity: 3, is not medically necessary.