

Case Number:	CM14-0041532		
Date Assigned:	06/30/2014	Date of Injury:	01/16/2013
Decision Date:	08/25/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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:

According to the records made available for review, this is a 35-year-old female with a 1/16/13 date of injury. At the time (3/27/14) of the decision for Medial Branch Block at right L3-4, L4-5, and L5-S1, there is documentation of subjective complaints of right lumbar radiculopathy and objective findings of tenderness over the lumbar spine and lumbar paraspinal musculature, and decreased lumbar spine range of motion. Current diagnoses are myofascial pain syndrome, facet osteo-arthropathy L3-4 and L4-5, and disc protrusion at L5-S1. Treatment to date has consisted of medications. There is no documentation of pain that is non-radicular and at no more than two levels bilaterally, failure of additional conservative treatment, including home exercise and physical therapy prior to the procedure for at least 4-6 weeks, 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:

Medial Branch Block at right L3-4, L4-5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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, Physical Therapy, 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 myofascial pain syndrome, facet osteo-arthropathy L3-4 and L4-5, and protrusion at L5-S1. In addition, there is documentation of low-back pain and failure of conservative treatment (medications). However, given documentation of subjective findings of right lumbar radiculopathy, there is no (clear) documentation of pain that is non-radicular. In addition, given documentation of the request for MBB at right L3-4, L4-5, and L5-S1, there is no documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Furthermore, there is no documentation of failure of additional conservative treatment including home exercise and physical therapy prior to the procedure for at least 4-6 weeks. Therefore, based on guidelines and a review of the evidence, the request for MBB at right L3-4, L4-5, and L5-S1 is not medically necessary.