MAXIMUS Federal Services

Case Number:	CM14-0042012		
Date Assigned:	06/30/2014	Date of Injury:	03/16/2006
Decision Date:	07/30/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/08/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 46 year old male who reported an injury on 03/16/2006 due to an unknown mechanism. The injured worker visited the physician on 06/13/2014 with complaints of low back pain reported at 1-3/10. Conservative care, including physical therapy had already been completed. The physician assessed the range of motion and noted flexion is 60 degrees, extension is five degrees with rotation and side bending also decreased. A straight leg raise was positive on the left side. The physician assessed lumbar pain, lumbar strain and lumbar radiculopathy. The physician wishes to perform bilateral medical branch block L3, L4, L5 quantity of six. The request for authorization form and rationale for review were not provided within the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medical Branch Block L3, L4, L5 QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines308-310Summary of Recommendations and EvidenceTable 12-8. Summary of Recommendations for Evaluating and Managing Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Medial Branch Blocks and Facet Joint Diagnostic Blocks.

Decision rationale: The request for bilateral medical branch block L3, L4, L5 quantity of six is not medically necessary. ACOEM/CA MTUS guidelines for therapeutic facet joint injections do not recommend this procedure for acute, sub-acute and chronic low back pain or disorders. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. ODG Guidelines for facet joint medial branch blocks are not recommended except as a diagnostic tool. As a diagnostic tool, ODG guidelines for facet joint diagnostic blocks allow for no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The physician is not listing under his care plan that he would proceed with a neurotomy nor is he staying within the guidelines of no more than two levels bilaterally. As such, the request is not medically necessary.