

Case Number:	CM14-0042756		
Date Assigned:	07/02/2014	Date of Injury:	02/11/2003
Decision Date:	10/09/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/09/2014

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 & 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:

This 34 year-old patient sustained an injury on 2/11/2003 while employed by [REDACTED]. Request(s) under consideration include Outpatient Bilateral Lumbar Medical Branch Block at L3-4 and L4-5 under Fluoroscopic Guidance with Anesthesia. Diagnoses include Lumbar degenerative disc disease; lumbar radiculopathy; lumbar discogenic pain/ lumbosacral neuritis. Medications list Norco and Cyclobenzaprine. Conservative care has included medications, therapy, and modified activities/rest. Report o 2/25/14 from the provider noted patient with ongoing chronic low back pain rated at 3-9/10. Exam showed positive straight leg raise with lumbar spasm bilaterally and mild antalgic gait. Report of 8/19/14 from the pain management provider noted the patient with continued lower back pain, lumbar radiculopathy with numbness, spasm and weakness. Exam showed tenderness at facets with positive loading on extension; positive SLR; and mildly antalgic gait. Diagnoses include lumbar facet arthropathy; lumbar radiculopathy; muscle spasm and degenerative discogenic pain. Treatment included medication refills; provider noted MRI showed "large disc extrusion" with caudal ESI denied now on appeal. The request(s) for Outpatient Bilateral Lumbar Medical Branch Block at L3-4 and L4-5 under Fluoroscopic Guidance with Anesthesia was non-certified on 4/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Bilateral Lumbar Medical Branch Block at L3-4 and L4-5 under Fluoroscopic Guidance with Anesthesia.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

Decision rationale: This 34 year-old patient sustained an injury on 2/11/2003 while employed by [REDACTED]. Request(s) under consideration include Outpatient Bilateral Lumbar Medical Branch Block at L3-4 and L4-5 under Fluoroscopic Guidance with Anesthesia. Diagnoses include Lumbar degenerative disc disease; lumbar radiculopathy; lumbar discogenic pain/ lumbosacral neuritis. Medications list Norco and Cyclobenzaprine. Conservative care has included medications, therapy, and modified activities/rest. Report o 2/25/14 from the provider noted patient with ongoing chronic low back pain rated at 3-9/10. Exam showed positive straight leg raise with lumbar spasm bilaterally and mild antalgic gait. Report of 8/19/14 from the pain management provider noted the patient with continued lower back pain, lumbar radiculopathy with numbness, spasm and weakness. Exam showed tenderness at facets with positive loading on extension; positive SLR; and mildly antalgic gait. Diagnoses include lumbar facet arthropathy; lumbar radiculopathy; muscle spasm and degenerative discogenic pain. Treatment included medication refills; provider noted MRI showed "large disc extrusion" with caudal ESI denied now on appeal. The request(s) for Outpatient Bilateral Lumbar Medical Branch Block at L3-4 and L4-5 under Fluoroscopic Guidance with Anesthesia was non-certified on 4/1/14. Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with numbness and weakness complaints, MRI findings of extrusion with treatment appeal for caudal epidural steroid injection. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Submitted reports have not demonstrated support outside guidelines criteria. The Outpatient Bilateral Lumbar Medical Branch Block at L3-4 and L4-5 under Fluoroscopic Guidance with Anesthesia is not medically necessary and appropriate.