

Case Number:	CM14-0043834		
Date Assigned:	07/02/2014	Date of Injury:	04/14/2012
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/10/2014

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, 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:

The injured worker is a 50-year-old male who reported an injury on 04/14/2012. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, medications, rest, a home exercise program, and a lumbar epidural steroid injection. The injured worker was evaluated on 03/11/2014. It was noted that the injured worker had a second right transforaminal epidural steroid injection in 01/2014 that provided 50% pain relief to the right leg. However, the injured worker had continued axial back pain complaints. Physical findings included restricted range of motion secondary to pain with moderate to severe tenderness over the spinous process, primarily at the lumbosacral junction. The injured worker's diagnoses included degenerative disc disease, Grade 1 spondylolisthesis of the lumbar spine at the L5-S1 and L4-5, right knee posttraumatic osteoarthritis, and moderate to severe exogenous obesity. A request was made for a medial branch block in preparation for a radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Medial Branch Block Injection for L4-5 and L5-S1 Spine qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low back, Facet joint pain, signs & symptoms.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 310.

Decision rationale: The requested bilateral lumbar medial branch block injections at the L4-5 and L5-S1 quantity: 4 are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does recommend radiofrequency ablations be based on appropriate responses to medial branch blocks. Additionally, the Official Disability Guidelines recommend medial branch blocks for patients with well-documented facet mediated pain that have failed to respond to conservative therapy to assess the appropriateness of a radiofrequency ablation for an injured worker. The clinical documentation submitted for review does indicate that the injured worker has tenderness to palpation at the lumbosacral spinous process. However, there is no orthopedic evaluation to assess that the injured worker's axial back pain is facet mediated. Therefore, a medial branch block would not be indicated in this clinical situation. As such, the request for bilateral lumbar medial branch block injections for the L4-5 and L5-S1 spine quantity: 4 is not medically necessary or appropriate.