

Case Number:	CM14-0047005		
Date Assigned:	07/09/2014	Date of Injury:	09/02/1993
Decision Date:	08/21/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/14/2014

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 Preventive 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 67-year-old male with a 9/2/93 date of injury. At the time (3/18/14) of the request for authorization for bilateral median branch blocks, there is documentation of subjective (bilateral lower back pain) and objective (bilateral L4-5 and L5-S1 paraspinal tenderness to deep palpation 3 to 4+, straight leg raising is negative, standing facet maneuvers are positive bilaterally to the side of bending, demonstrates rotation of about 75% normal with tenderness at the limits of range of motion) findings, current diagnoses (degenerative disk disease of the lumbosacral spine with questionable left lower extremity radiculopathy, herniated nucleus pulposus at L5-S1, and gastroesophageal reflux disease), and treatment to date (medication and median branch blocks which have offered the patient prolonged and substantial (on the order of 80%) relief for greater than a year at a time).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Median Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy.

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 intra-articular injections (therapeutic blocks).

Decision rationale: The California MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of medial branch block. The ODG identifies that if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). Within the medical information available for review, there is documentation of diagnoses of degenerative disk disease of the lumbosacral spine with questionable left lower extremity radiculopathy, herniated nucleus pulposus at L5-S1, and gastroesophageal reflux disease. In addition, there is documentation of previous median branch blocks which have offered the patient prolonged and substantial (on the order of 80%) relief for greater than a year at a time. However, given documentation of 80% relief following previous medial branch block, there is no documentation of a rationale for not proceeding to neurotomy. Therefore, bilateral median branch blocks are not medically necessary.