

Case Number:	CM14-0050316		
Date Assigned:	06/20/2014	Date of Injury:	01/13/1998
Decision Date:	07/18/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/19/2014

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 Occupational 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 claimant has several dates of injury and he injured his low back on 12/12/97, 05/27/99, and 03/98. Lumbar medial branch blocks have been requested and are under review. He has a history of spinal surgery. He has also had epidural steroid injections. A note dated 07/12/13 by [REDACTED] states that he had ESI's in the past with significant improvement. He had a positive straight leg raise test and slightly decreased sensation to the right calf. He had a history of low back and radicular lower extremity pain on the right side in the L5-S1 distribution. On 02/28/14, [REDACTED] stated his low back pain radiated to both buttocks, hip, thigh, knee, calf, and foot with numbness and tingling. It was aggravated by his activities and relieved with medications and lying down. He had reduced range of motion of the lumbar spine with tenderness at the lumbar facets at L3-4 through L5-S1. He also had positive facet loading bilaterally and positive straight leg raising. He had chronic low back pain suggesting lumbosacral spondylosis. Bilateral medial branch blocks were recommended from L2-L5. There are findings of tenderness at all levels except for L2. On 02/28/14, tenderness was documented from levels L3-4 through L5-S1 only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block at L2 QTY: 2.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Medial Branch Blocks/facet joint therapeutic and diagnostic blocks.

Decision rationale: The history and documentation do not objectively support the request for medial branch blocks at level L2. The ODG guidelines state that MBB are only recommended for diagnostic purposes in cases of chronic low back pain and give the following "criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms (Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research): (1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. Indicators 2-4 may be present if there is evidence of hypertrophy encroaching on the neural foramen.) 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels)." In this case, the claimant has chronic low back pain with radicular pain and tenderness was noted at levels L3-4 through L5-S1. However, no findings were demonstrated at level L2, including no tenderness being noted on physical examination. The medical necessity of MBB at this level, therefore, has not been clearly demonstrated and is therefore not medically necessary.