

Case Number:	CM14-0060386		
Date Assigned:	07/09/2014	Date of Injury:	11/10/2012
Decision Date:	08/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	05/01/2014

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 Management 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 39-year-old male with a 11/10/12 date of injury. At the time (3/28/14) of request for authorization for one (1) bilateral medial branch facet blocks at L3, L4, and L5, there is documentation of subjective (constant pain across lower back) and objective (tenderness to palpation about thoracic and lumbar paravertebral muscles, spasm in quadratus lumborum muscles, decreased lumbar range of motion, ankle and knee jerks 2+ bilaterally, sensation to pinprick and light touch normal bilaterally, motor power normal and symmetrical in all major muscle groups of lower extremities, and straight leg raising positive to 65 degrees on right and 75 degrees on the left in sitting and supine positions) findings. The current diagnoses include low back pain, status post sprain/strain. The treatment to date includes medications, including opioids and non-steroidal anti-inflammatory drugs (NSAIDs); physical therapy; home exercise program; and chiropractic therapy. There is no documentation of pain at no more than two (2) levels bilaterally and no more than two (2) joint levels to be injected in one (1) session.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral medial branch facet blocks at L3, L4, and L5: 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), Low Back, Lumbar & Thoracic (Acute & Chronic).

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, Medial Branch Blocks (MBBs).

Decision rationale: The MTUS/ACOEM Guidelines identify documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of a medial branch block. The Official Disability Guidelines identify documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment, including home exercise, physical therapy (PT), and non-steroidal anti-inflammatory drugs (NSAIDs) prior to the procedure for at least four to six (4-6) weeks, and no more than two (2) joint levels to be injected in one (1) session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of a diagnosis of low back pain status post sprain/strain. In addition, there is documentation of low-back pain that is non-radicular and failure of conservative treatment, such as home exercise, PT, and NSAIDs prior to the procedure for at least four to six (4-6) weeks. However, given documentation of the requested one (1) bilateral medial branch facet blocks at L3, L4, and L5, there is no documentation of pain at no more than two (2) levels bilaterally and no more than two (2) joint levels to be injected in one (1) session. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.