

Case Number:	CM14-0075097		
Date Assigned:	07/16/2014	Date of Injury:	02/22/2006
Decision Date:	09/16/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/23/2014

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:

This is a 55 year-old male with a 02/22/2006 original date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 05/02/2014 noted subjective complaints of 7/10 right sided back pain. Objective findings included lumbar paraspinal tenderness and pain with lumbar facet loading maneuvers. Lumbar MRI in 2009 showed L5-S1 disc protrusion. Diagnostic impression includes; lumbar radiculopathy and myofascial pain syndrome. Treatment to date includes; medication management and home exercise. A utilization review decision dated 04/22/2014 denied the request for lumbar medial branch blocks (MBB) bilaterally at L2-L5; series of three (3). There is no documentation of specific physical findings of facet mediated pain. Current medical literature does not support performing a series of 3 MBBs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch blocks (MBB) bilaterally at L2-L5, series of three (3): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Integrated Treatment/Disability Duration Guidelines, Low Back; Lumbar and Thoracic (Acute and Chronic), Facet joint Injections.

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 Chapter - Medial Branch Blocks.

Decision rationale: The MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. No more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), then the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). However, the requested procedure involves more than 2 joint levels. Additionally, there is also no evidence to support a series of three diagnostic blocks. Therefore, the request for lumbar medial branch blocks (MBB) bilaterally at L2-L5; series of three (3) is not medically necessary.