

Case Number:	CM14-0075368		
Date Assigned:	07/16/2014	Date of Injury:	01/29/2012
Decision Date:	09/17/2014	UR Denial Date:	05/16/2014
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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 60-year-old male who reported an injury of unknown mechanism on 01/28/2012. On 06/04/2013, his complaints included low back and bilateral radiating leg pain, as well as neck pain that radiated into his left upper extremity. Progress notes revealed that he had previously been treated with an epidural steroid injection, physical therapy, chiropractic care, and acupuncture. The dates, modalities, or results of these conservative treatments was not included in the documentation. An MRI of the lumbar spine on an unknown date revealed lumbar spondylosis without significant spinal stenosis. There were degenerative changes with retrolisthesis at L2-3, L3-4, and L4-5, demonstrating facet arthrosis and mild to moderate sub articular neuroforaminal stenosis. The progress note of 06/14/2013 was the most recent documentation submitted. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections) and radiofrequency ablations.

Decision rationale: The request for bilateral L4-S1 medial branch block is not medically necessary. The California ACOEM Guidelines recommend that invasive techniques are of questionable merit. Medial branch block offers no significant long-term functional benefit, nor does it reduce the need for surgery. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines do not recommend facet medial branch blocks except as a diagnostic tool, stating that no more than 1 set of medial branch diagnostic blocks be performed prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Minimal evidence is found for treatment. The request for medial branch block did not include a request for facet neurotomy following the medial branch block. The clinical information submitted failed to meet the evidence based guidelines for medial branch block. Therefore, this request for bilateral L4-S1 medial branch block is not medically necessary.