

Case Number:	CM14-0081217		
Date Assigned:	07/18/2014	Date of Injury:	02/21/2012
Decision Date:	08/25/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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 62-year-old male with a 2/21/12 date of injury. At the time (4/2/14) of request for authorization for L3-L4, L4-L5, and L5-S1 facet branch blocks, there is documentation of subjective (low back pain with radicular symptoms in the legs) and objective (decreased lumbar spine range of motion) findings, current diagnoses (lumbosacral disc degeneration), and treatment to date (not specified). There is no documentation of pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4, L4-L5, and L5-S1 facet branch blocks: Upheld

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

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: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one 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 lumbosacral disc degeneration. In addition, there is documentation of low-back pain. However, given documentation of subjective findings (low back pain with radicular symptoms in the legs), there is no documentation of pain that is non-radicular. In addition, given documentation of a request for L3-L4, L4-L5, and L5-S1 facet branch blocks, there is no (clear) documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Furthermore, there is no documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. Therefore, based on guidelines and a review of the evidence, the request for L3-L4, L4-L5, and L5-S1 facet branch blocks is not medically necessary.