

Case Number:	CM14-0093113		
Date Assigned:	07/25/2014	Date of Injury:	10/29/2013
Decision Date:	11/25/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Preventive 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:

According to the records made available for review, this is a 54-year-old male with a 10/29/13 date of injury. At the time (5/12/14) of request for authorization for Medial Branch Block: Bilateral L4-5, L5-S1, there is documentation of subjective complaints include low back pain radiating to the right lower extremity with numbness and tingling. The objective findings include tenderness to palpitation over the lumbar spinous processes, decreased range of motion of the lumbar spine, and positive straight leg raise bilaterally. An MRI of Lumbar spine (12/19/13) report revealed L4-L5 moderate posterior ligamentous and facet hypertrophic changes are seen; there is a 3-4mm disc protrusion which is seen to extend into both neural foraminal exit zones; moderate bilateral neural foraminal exit zone compromise is seen with moderate spinal stenosis; and L5-S1 posterior ligamentous facet hypertrophic changes are seen; there is 4-5mm disc protrusion which is seen to extend into both neural foraminal exit zones; and high grade bilateral neural foraminal exit zone compromise is seen with spinal stenosis. The current diagnosis includes carpal tunnel syndrome, neck sprain/strain, degenerative lumbar/lumbosacral intervertebral disc, and lumbar radiculitis. Treatments to date are activity modifications, chiropractic therapy, and medications, including ongoing treatment with Motrin and Tylenol. There is no documentation of low-back pain that is non-radicular and failure of additional conservative treatment (physical therapy and home exercise) prior to the procedure for at least 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block: Bilateral L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Official Disability Guidelines (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, physical therapy, and non-steroidal anti-inflammatory drugs (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 diagnoses of carpal tunnel syndrome, neck sprain/strain, degenerative lumbar/lumbosacral intervertebral disc, and lumbar radiculitis. In addition, there is documentation of failure of conservative treatment (NSAIDs). Furthermore, given a request for Medial Branch Block Bilateral L4-5, L5-S1, there is documentation that no more than 2 joint levels will be injected in one session. However, given documentation of subjective complaints of low back pain radiating to the right lower extremity with numbness and tingling; objective findings of positive straight leg raise test bilaterally; and a diagnosis of lumbar radiculitis, there is no documentation of low-back pain that is non-radicular. In addition, there is no documentation of failure of additional conservative treatment (physical therapy and home exercise) prior to the procedure for at least 4-6 weeks. Therefore, based on guidelines the medical evidence, the request is not medically necessary.