

Case Number:	CM14-0190488		
Date Assigned:	11/21/2014	Date of Injury:	09/11/2013
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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:

According to the records made available for review, this is a 30-year-old male with a 9/11/13 date of injury. At the time (10/16/14) of the request for authorization for bilateral medial branch block, there is documentation of subjective (low back pain with radiation of symptoms extending to the legs bilaterally including numbness, tingling, weakness and pain) and objective (tenderness to palpation paraspinals and over L4-5 facets made worse with extension and lateral bend, strength is decreased bilateral lower extremities) findings. The current diagnoses are degenerative lumbar/lumbosacral intervertebral disc and lumbosacral spondylosis without myelopathy. The treatment to date includes physical therapy, acupuncture, and medication. There is no documentation of non-radicular facet mediated pain 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:

Bilateral Medial Branch Block: 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 - Low Back Chapter

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 identifies documentation of failure of conservative treatment (including home exercise, physical therapy, 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 additional criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of degenerative lumbar/lumbosacral intervertebral disc and lumbosacral spondylosis without myelopathy. In addition, there is documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks. However, given documentation of low back pain with radiation of symptoms extending to the legs bilaterally including numbness, tingling, weakness and pain, there is no documentation of non-radicular facet mediated pain. In addition, given no documentation of the specific level(s) to be addressed, there isn't documentation of no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for bilateral medial branch block is not medically necessary.