

Case Number:	CM14-0191155		
Date Assigned:	11/25/2014	Date of Injury:	05/07/2014
Decision Date:	01/23/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/17/2014

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 Tennessee. 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 54-year-old female with a 5/7/14 date of injury. The most recent medical report provided for review is dated 6/18/14. The UR decision dated 11/4/14 referred to a 10/21/14 progress report; however, this was not provided for review. The patient reported pain in the low back, rated as a 6/10. The pain felt like a toothache pressure, with stiffness radiating down the buttocks area, but nothing down the legs. Objective findings: mild tenderness over the lumbar paravertebral musculature, moderate facet tenderness over the L4-S1 spinous process, sciatic notch tenderness, Kemp's test positive bilaterally, restricted lumbar spine range of motion, and moderate coccyx pain. Diagnostic impression: lumbar facet syndrome, coccydynia. Treatment to date: medication management, activity modification, physical therapy, home exercise program. A UR decision dated 11/4/14 denied the request for 1 bilateral L4 through S1 medial branch block. A specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Bilateral L4 through S1 Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Medial Branch Blocks

Decision rationale: CA MTUS does not address this issue. 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. However, in the present case, it is noted that the patient had low back pain that radiated to the buttocks. Medial branch blocks are not recommended in patient with radicular pain. In addition, there is no documentation that this patient has had a failure of conservative measures of treatment, such as physical therapy and medications. Therefore, the request for One Bilateral L4 through S1 Medial Branch Blocks is not medically necessary.