

Case Number:	CM14-0192532		
Date Assigned:	11/26/2014	Date of Injury:	10/07/1980
Decision Date:	01/16/2015	UR Denial Date:	10/20/2014
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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 69 year old male who was injured on 10/7/1980. The diagnoses are lumbago, myofascial pain syndrome, sacroiliac joint arthropathy, lumbar degenerative disc disease and low back pain. The 2013 MRI of the lumbar spine showed multilevel disc bulge, facet arthropathy, central and neural foraminal stenosis. The patient have completed PT, chiropractic treatments, TENS unit use and SI joint belt use. The past interventional pain injections completed are lumbar facet injections, epidural steroid injections and sacroiliac joint injections. On 10/9/2014, [REDACTED] noted subjective complaint of low back pain radiating down the lower back to the knee area. There was objective finding of tenderness over the lumbar facet joints, decreased range of motion and positive facet loading. The reflexes, motor and sensory test was noted as normal. The medications listed are Mobic, Neurontin, tramadol and baclofen. A Utilization Review determination was rendered on 10/20/2014 recommending non certification for bilateral L3, L4, L5 median branch block DOS 10/9/2014 because the back pain was regarded as radicular in origin not facet related.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block, L3 quantity 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter; Facet Joint Medial Branch Blocks (therapeutic injections)

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

Decision rationale: The CA MTUS did not address the use of lumbar facet blocks for the treatment of lumbar facet syndrome. The ODG guidelines recommend that that lumbar facet joint injections and median branch blocks can be utilized for the treatment of low back pain of facet origin. The records indicate that the patient does have low back pain that is of facet origin. Pain originating from the lumbar facet can extend to the posterior thigh down to the knee area. There are radiological findings consistent with facet arthropathy. There are objective findings that are consistent with lumbar facet syndrome but absent of radicular findings such as sensory and motor deficits. The criteria for bilateral L3 median branch blocks were met. The request is medically necessary.

Bilateral Medial Branch Block, L4 quantity 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter; Facet Joint Medial Branch Blocks (therapeutic injections)

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

Decision rationale: The CA MTUS did not address the use of lumbar facet blocks for the treatment of lumbar facet syndrome. The ODG guidelines recommend that that lumbar facet joint injections and median branch blocks can be utilized for the treatment of low back pain of facet origin. The records indicate that the patient does have low back pain that is of facet origin. Pain originating from the lumbar facet can extend to the posterior thigh down to the knee area. There are radiological findings consistent with facet arthropathy. There are objective findings that are consistent with lumbar facet syndrome but absent of radicular findings such as sensory and motor deficits. The criteria for bilateral L4 median branch blocks were met. The request is medically necessary.

Bilateral Medial Branch Block, L5 quantity 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter; Facet Joint Medial Branch Blocks (therapeutic injections)

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

Decision rationale: The CA MTUS did not address the use of lumbar facet blocks for the treatment of lumbar facet syndrome. The ODG guidelines recommend that lumbar facet joint injections and median branch blocks can be utilized for the treatment of low back pain of facet origin. The records indicate that the patient does have low back pain that is of facet origin. Pain originating from the lumbar facet can extend to the posterior thigh down to the knee area. There are radiological findings consistent with facet arthropathy. There are objective findings that are consistent with lumbar facet syndrome but absent of radicular findings such as sensory and motor deficits. The criteria for bilateral L5 median branch blocks were met. The request is medically necessary.