

Case Number:	CM14-0192970		
Date Assigned:	11/26/2014	Date of Injury:	05/30/1996
Decision Date:	01/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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 Physical Medicine and Rehabilitation 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:

This 71 year-old patient sustained an injury on 5/30/1996 while employed by [REDACTED]. Request(s) under consideration include Left Medial Branch Block L3-L4-L5 times 2. Diagnoses include lumbosacral spondylosis without myelopathy/ thoracic or lumbosacral neuritis/radiculitis unspecified. Conservative care has included medications, therapy, injections, and modified activities/rest. Report from the provider noted the patient with chronic ongoing low back pain and left leg pain rated at 5/10 and its worst at 10/10. Exam showed unchanged findings of lumbosacral spine pain with positive facet loading and pain on lumbar extension; left SI joint tenderness and intact neurological motor and sensation in lower extremities. It was noted despite 3 months of tried and failed conservative measures, the patient continues with pain. The request(s) for Left Medial Branch Block L3-L4-L5 times 2 was modified for one medial branch block on 11/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Medial Branch Block L3-L4-L5 times 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Facet joint diagnostic blocks (injections)

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, Facet Joint Diagnostic Blocks (therapeutic injections), page(s) 412-418

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. Facet blocks are not recommended in patient who may exhibit radicular symptoms as in this injured worker with leg pain complaints. MRI report has not shown any facet arthropathy, but has demonstrated possible etiology for radicular symptoms. Additionally, facet blocks are not recommended in patient who may exhibit radicular symptoms without defined imaging correlation not demonstrated here nor are they recommended over 2 joint levels concurrently as requested here. Submitted reports have not demonstrated support outside guidelines criteria as previous medial branch block have not demonstrated specific duration of relief identified, what improvement in ADLs, functional status, decrease in medication dosages, or medical utilization are specified. The Left Medial Branch Block L3-L4-L5 times 2 is not medically necessary and appropriate.