

Case Number:	CM14-0205105		
Date Assigned:	12/17/2014	Date of Injury:	11/28/2001
Decision Date:	02/09/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 56-year-old male with a 11/28/01 date of injury. At the time (11/12/14) of request for authorization for Bilateral L1, L2, L3, and L4 medial branch blocks under fluoroscopic guidance, there is documentation of subjective (low back pain) and objective (tenderness over the bilateral L1 to L4 facets, positive axial loading test, and decreased lumbar range of motion with pain) findings, current diagnoses (lumbosacral spondylosis without myelopathy), and treatment to date (medications, physical therapy, and previous medial branch block). There is no documentation of no more than 2 joint levels to be injected in one session and pain relief of at least 50% for duration of at least 6 weeks (wherein the recommendation is to proceed to a subsequent neurotomy) following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L1, L2, L3, and L4 medial branch blocks under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Low Back - Lumbar and Thoracic Section

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 intra-articular injections (therapeutic blocks).

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. ODG identifies documentation of failure of conservative treatment (including home exercise, PT, 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. In addition, ODG identifies that if successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). Within the medical information available for review, there is documentation of a diagnosis of lumbosacral spondylosis without myelopathy. In addition, given documentation of objective (tenderness over the bilateral L1 to L4 facets, positive axial loading test) findings, there is documentation of low-back pain that is non-radicular. However, given documentation of the request for Bilateral L1, L2, L3, and L4 medial branch blocks, there is no (clear) documentation of no more than 2 joint levels to be injected in one session. In addition, given documentation of previous treatment with medial branch block, there is no documentation of pain relief of at least 50% for duration of at least 6 weeks (wherein the recommendation is to proceed to a subsequent neurotomy) following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Bilateral L1, L2, L3, and L4 medial branch blocks under fluoroscopic guidance is not medically necessary.