

Case Number:	CM14-0218988		
Date Assigned:	01/09/2015	Date of Injury:	08/05/2006
Decision Date:	03/16/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 64-year-old male who reported an injury on 08/05/2006. The mechanism of injury was not provided. The clinical note dated 12/02/2014 note patient complaints of back pain. Examination of the lumbar spine noted no deformity, erythema, or soft tissue swelling. There was tenderness to palpation to the right sciatic notch, lower lumbar spine, L3 spinous process, L4 spinous process, and L5 spinous process. There was decreased range of motion and a positive Kemp's with 5/5 strength and intact sensation to light touch. The diagnoses were lumbar degenerative disc disease, spinal stenosis with neurogenic claudication, back pain, radiculitis, and muscle spasm. Prior therapies included medications and chiropractic therapy. The provider recommended a medial branch nerve block at the bilateral L3-4, L4-5, and L5-S1. A rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch nerve block at bilateral L3-L4, QTY: 2: 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 - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block

Decision rationale: The request for a medial branch nerve block at bilateral L3-4 with a quantity of 2 is not medically necessary. The California MTUS/ACOEM Guidelines state that diagnostic and/or therapeutic injections may benefit an injured worker presenting from the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that the criteria for use of a diagnostic block are limited to injured workers with pain that is nonradicular, no more than 2 joint levels are injected in 1 session, and evidence failure of responding to conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The documents submitted for review noted tenderness to the L3, L4, and L5 spinous processes with moderately decreased range of motion. There were no sensation or motor strength deficits noted. Additionally, the provider's request for a medial branch block from the L3-4, L4-5, and L5-S1 exceeds the guideline recommendations of no more than 2 facet joint levels to be injected in 1 session. There is no evidence that the injured worker had failed a trial of physical therapy. As such, medical necessity has not been established.

Medial branch nerve block at bilateral L4-L5, QTY: 2: 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 - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block

Decision rationale: The request for a medial branch nerve block at bilateral L4-5 with a quantity of 2 is not medically necessary. The California MTUS/ACOEM Guidelines state that diagnostic and/or therapeutic injections may benefit an injured worker presenting from the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that the criteria for use of a diagnostic block are limited to injured workers with pain that is nonradicular, no more than 2 joint levels are injected in 1 session, and evidence failure of responding to conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The documents submitted for review noted tenderness to the L3, L4, and L5 spinous processes with moderately decreased range of motion. There were no sensation or motor strength deficits noted. Additionally, the provider's request for a medial branch block from the L3-4, L4-5, and L5-S1 exceeds the guideline recommendations of no more than 2 facet joint levels to be injected in 1 session. There is no evidence that the injured

worker had failed a trial of physical therapy. As such, medical necessity has not been established.

Medial branch nerve block at bilateral L5-S1, QTY: 2: 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 - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block

Decision rationale: The request for a medial branch nerve block at bilateral 4-5 with a quantity of 2 is not medically necessary. The California MTUS/ACOEM Guidelines state that diagnostic and/or therapeutic injections may benefit an injured worker presenting from the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that the criteria for use of a diagnostic block are limited to injured workers with pain that is nonradicular, no more than 2 joint levels are injected in 1 session, and evidence failure of responding to conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The documents submitted for review noted tenderness to the L3, L4, and L5 spinous processes with moderately decreased range of motion. There were no sensation or motor strength deficits noted. Additionally, the provider's request for a medial branch block from the L3-4, L4-5, and L5-S1 exceeds the guideline recommendations of no more than 2 facet joint levels to be injected in 1 session. There is no evidence that the injured worker had failed a trial of physical therapy. As such, medical necessity has not been established.