

Case Number:	CM15-0001207		
Date Assigned:	01/12/2015	Date of Injury:	08/03/1993
Decision Date:	03/11/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 59 year old male, who sustained an industrial injury on August 3, 1993. The mechanism of injury is unknown. The diagnoses have included lumbar degenerative disc disease, back pain, sciatica and lumbosacral spondylosis without myelopathy. Treatment to date has included medications, injections and diagnostic studies. Currently, the injured worker complains of lower back pain described as sharp and stabbing. The pain radiates into the bilateral hips. He rated the pain as a 7 on a 1-10 pain scale. He noted to spend 100% of the day with pain. The symptoms are alleviated by rest and medication and exacerbated by walking, standing and all physical activities. On November 26, 2014, Utilization Review non-certified a medial branch nerve block bilateral L3-4, L4-5 and L5-S1 with image guidance, noting the MTUS/ACOEM Guidelines. On January 5, 2015, the injured worker submitted an application for IMR for review of medial branch nerve block bilateral L3-4, L4-5 and L5-S1 with image guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Nerve Block Bilateral L3-L4, L4-L5 and L5-S1 with image guidance:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Low back

Decision rationale: Medial Branch Nerve Block Bilateral L3-L4, L4-L5 and L5-S1 with image guidance is not medically necessary per the MTUS Guidelines and the ODG. The MTUS ACOEM guidelines state that facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be no more than 2 facet joint levels are injected in one session. The request as written is requested for 3 levels which exceeds guideline recommendations. Furthermore, the documentation is not clear that the patient's symptoms are purely facetogenic as there appears to be a radicular component. The request for medial branch blocks is not medically necessary.