MAXIMUS Federal Services

Case Number:	CM15-0104263		
Date Assigned:	06/08/2015	Date of Injury:	04/01/2013
Decision Date:	07/15/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old male, who sustained an industrial injury on 4/1/2013. The current diagnoses are degenerative disc disease of the lumbar spine, lumbar disc displacement without myelopathy, and sciatica. According to the progress report dated 5/4/2015, the injured worker complains of persistent pain in the low back and legs. The level of pain is not rated. The physical examination of the lumbar spine reveals increased pain with facet loading. The current medications are Naproxen. Treatment to date has included medication management, x-rays, rest, ice, heat, physical therapy, stretching, MRI studies, and chiropractic. The plan of care includes left lumbar facet nerve block L3-L4, L4-L5, and L5-S1 with fluoroscopic guidance and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Facet Nerve Block L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG (therapeutic injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back chapter.

Decision rationale: As the California MTUS does not specifically discuss medial branch blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. Utilization review denied the request for three levels of blocks based on the guidelines. Recent records indicate that the treating physician has modified the request to include only L4-5 and L5-S1 to meet the standard of two levels per the ODG. The treating provider has also clearly indicated that the patient has failed conservative treatment to include physical therapy and NSAIDs. Given the recent records indicating appropriate modification of the request from the treating provider, the requests for L4-5 and L5-S1 blocks are considered medically appropriate (along with required fluoroscopy and sedation), while the request for facet block at L3-L4 is not considered medically necessary at this time.

Left Lumbar Facet Nerve Block L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG (therapeutic injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low back chapter.

Decision rationale: As the California MTUS does not specifically discuss medial branch blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. Utilization review denied the request for three levels of blocks based on the guidelines. Recent records indicate that the treating physician has modified the request to include only L4-5 and L5-S1 to meet the standard of two levels per the ODG. The treating provider has also clearly indicated that the patient has failed conservative treatment to include physical therapy and NSAIDs. Given the recent records indicating appropriate modification of the request from the treating provider, the requests for L4-5 and L5-S1 blocks are considered medically appropriate (along with required fluoroscopy and sedation), while the request for facet block at L3-L4 is not considered medically necessary at this time.

Left Lumbar Facet Nerve Block L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG (therapeutic injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back chapter.

Decision rationale: As the California MTUS does not specifically discuss medial branch blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. Utilization review denied the request for three levels of blocks based on the guidelines. Recent records indicate that the treating physician has modified the request to include only L4-5 and L5-S1 to meet the standard of two levels per the ODG. The treating provider has also clearly indicated that the patient has failed conservative treatment to include physical therapy and NSAIDs. Given the recent records indicating appropriate modification of the request from the treating provider, the requests for L4-5 and L5-S1 blocks are considered medically appropriate (along with required fluoroscopy and sedation), while the request for facet block at L3-L4 is not considered medically necessary at this time.

Fluoroscopic Guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low back chapter.

Decision rationale: As the California MTUS does not specifically discuss medial branch blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. Utilization review denied the request for three levels of blocks based on the guidelines. Recent records indicate that the treating physician has modified the request to include only L4-5 and L5-S1 to meet the standard of two levels per the ODG. The treating provider has also clearly indicated that the patient has failed conservative treatment to include physical therapy and NSAIDs. Given the recent records indicating appropriate modification of the request from the treating provider, the requests for L4-5 and L5-S1 blocks are considered medically appropriate (along with required fluoroscopy and sedation), while the request for facet block at L3-L4 is not considered medically necessary at this time.

IV Sedation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low back chapter.

Decision rationale: As the California MTUS does not specifically discuss medial branch blocks in cases of low back pain, the ODG provides the preferred mechanism for assessing the evidence base for clinical necessity of the treatment modality. With respect to medial branch blocks, the ODG lists several criteria for consideration, including documentation of failure of conservative treatment to include home exercises, PT, and NSAIDs for at least 4-6 weeks prior to the procedure. Utilization review denied the request for three levels of blocks based on the guidelines. Recent records indicate that the treating physician has modified the request to include only L4-5 and L5-S1 to meet the standard of two levels per the ODG. The treating provider has also clearly indicated that the patient has failed conservative treatment to include physical therapy and NSAIDs. Given the recent records indicating appropriate modification of the request from the treating provider, the requests for L4-5 and L5-S1 blocks are considered medically appropriate (along with required fluoroscopy and sedation), while the request for facet block at L3-L4 is not considered medically necessary at this time.