

Case Number:	CM15-0160941		
Date Assigned:	08/27/2015	Date of Injury:	04/07/2010
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/17/2015

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: 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:

This injured worker is a 45 year old male who reported an industrial injury on 4-7-2010. His diagnoses, and or impression, were noted to include: cervical and lumbar spondylosis; cervical and lumbar herniated nucleus pulposes; lumbar radiculopathy; multi-level degenerative disc disease; and chronic pain. No current imaging studies were noted. His treatments were noted to include: diagnostic x-rays and magnetic resonance imaging studies; physical therapy; acupuncture treatments; medication management; and modified work duties. The progress notes of 2-26-2015 reported a visit for medication refills for severe, radiating neck and lower back pain to all-over body, aggravated by activities, and improved by nothing; and that he was unable to return to work. Objective findings were noted to include: painful and abnormal lumbar spine range-of-motion, with positive bilateral Patrick's and reverse Thomas tests and tenderness over the lumbar facet joints. The physician's requests for treatments were noted to include cervical medial branch blocks. This Utilization Review is noted for bilateral lumbosacral medial branch blocks for which no medical records provided were noted to recommend.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block at L3, L4, L5 and S1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Facet Joint Diagnostic Blocks.

Decision rationale: Based on the 5/19/15 progress report provided by the treating physician, this patient presents with low back pain, neck pain, radiating all over the body rated 9/10 without medications and 7/10 with medications. The treater has asked for bilateral medial branch block at L3, L4, L5 AND S1 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p physical therapy, acupuncture treatment, and narcotics with side effects including constipation and nausea per 5/19/15 report. Physical exam dated 5/19/15 shows a negative straight leg raise test. The patient has not had prior medial branch blocks per review of reports. The patient has an appropriate urine drug screen, and states that nothing improves his pain per 1/27/15 report. The patient's work status is permanent and stationary. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment - a procedure that is still considered "under study." Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. There is no evidence of an MRI of the lumbar spine per review of reports. Review of the reports dated 12/30/14 to 5/19/15 do not show any evidence of medial branch block being done in the past. In this case, this patient presents with chronic lower back pain and neck pain which radiates into all body parts, with a diagnosis of lumbosacral spondylosis. This patient has a negative straight leg raise upon examination, and has not had prior medial branch block per review of reports. Physical exam on 5/19/15 shows tenderness to palpation of facet joints of lumbar. As treater has documented failure of conservative treatment and non-radicular back pain, the request is medically necessary.