

Case Number:	CM15-0198306		
Date Assigned:	10/13/2015	Date of Injury:	04/01/2012
Decision Date:	11/16/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/08/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 44 year old male, who sustained an industrial injury on April 1, 2012. He reported increased low back pain. The injured worker was diagnosed as having L5-S1 and L4-5 disc bulge with hypertrophy producing bilateral neuroforaminal stenosis contributing to L5 radicular pain, L2-3, L3-4, L4-5 and L5-S1 facet hypertrophy facet syndrome and chronic pain syndrome with mild reactive depression and anxiety-improved. Treatment to date has included home exercise, injections and medication. On September 22, 2015, the injured worker complained of low back and posterior leg pain. The pain in his low back was noted to remain the same. The pain was rated as a 5 on a 1-10 pain scale. His low back pain is aggravated by sitting and lying on his stomach. Physical examination of the lumbar spine revealed flexion to 80 degrees with little discomfort, extension was 10 degrees, side bend bilaterally is 20 degrees and pain-free and rotation with extension bilaterally is 20 degrees and elicits sharp back pain. Tenderness to palpation was noted from L3 through S1. The treatment plan included medial branch block of bilateral L4-5 and L5-S1, acupuncture, medications and a follow-up visit. On October 1, 2015, utilization review denied a request for lumbar medial branch block L4-5 right, lumbar medial branch block L4-5 left, lumbar medial branch block L5-S1 right and lumbar medial branch block L5-S1 left. A request for Percocet 10-325mg #90 and Gabapentin 300mg #30 was authorized. A request for twelve sessions of acupuncture for the low back was modified to six sessions of acupuncture for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for low back (sessions) Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines, further treatment will be considered. In this case, the request for 12 acupuncture sessions for low back exceeds the guideline recommendations. Medical necessity of the requested acupuncture has not been established. The requested service is not medically necessary.

Lumbar medial branch block L4-L5 right: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks.

Decision rationale: According to the ODG, medial branch blocks (MBBs) are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: (1) one set of diagnostic MBBs with a response of greater than or equal to 70%; (2) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (3) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. The ODG identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of medial branch block. In this case, the patient's low back pain is radicular in nature, with radiation to both lower extremities. Medical necessity for the requested lumbar medial branch block right L4-L5 has not been established. The requested service is not medically necessary.

Lumbar medial branch block L4-L5, left: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical Branch Blocks (MBBs), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the ODG, medial branch blocks (MBBs) are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: (1) one set of diagnostic MBBs with a response of greater than or equal to 70%; (2) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (3) there is documentation of failure of

conservative treatment prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. The ODG identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of medial branch block. In this case, the patient's low back pain is radicular in nature, with radiation to both lower extremities. Medical necessity for the requested lumbar medial branch block left L4-L5 has not been established. The requested service is not medically necessary.

Lumbar medial branch block L5-S1, right: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical Branch Blocks (MBBs).

Decision rationale: According to the ODG, medial branch blocks (MBBs) are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: (1) one set of diagnostic MBBs with a response of greater than or equal to 70%; (2) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (3) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. The ODG identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of medial branch block. In this case, the patient's low back pain is radicular in nature, with radiation to both lower extremities. Medical necessity for the requested lumbar medial branch block right L5-S1 has not been established. The requested service is not medically necessary.

Lumbar medial branch block L5-S1, left: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks (MBBs).

Decision rationale: According to the ODG, medial branch blocks (MBBs) are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: (1) one set of diagnostic MBBs with a response of greater than or equal to 70%; (2) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (3) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. The ODG identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of medial branch block. In this case, the patient's low back pain is radicular in nature, with radiation to both lower extremities. Medical necessity for the requested lumbar medial branch block left L5-S1 has not been established. The requested service is not medically necessary.