

Case Number:	CM15-0206041		
Date Assigned:	10/22/2015	Date of Injury:	08/30/2005
Decision Date:	12/22/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/20/2015

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 29 year old female with a date of injury on 08-30-2005. The injured worker is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis, and lumbago. A physician progress note dated 09-24-2015 documents the injured worker presents for procedural follow up of left lumbar TFESI done on 09-08-2015. She has done better since the ESI. She has less leg pain. Her headaches and low back pain has continued. Lumbar range of motion is limited by pain. Axial loading of the lumbar spine is positive for pain reproduction. She has tenderness to palpation over the lumbar paraspinal muscles. Deep palpation induces facet tenderness with the left L3-5 area being the worst. On 06-09-2015, 07-16-2015, and 09-08-2015 a left L4-5, L5-S1 Transforaminal Epidural Steroidal Injection was administered. A physician note dated 07-28-2015 documents the injured worker is status post L4-5 and L5-S1 Transforaminal Epidural Steroidal Injection and reported 40% improvement with reduction of pain. She continues to have some low back pain and some sharp shooting sensation into the left leg and current pain level is a 5 out of 10. A physician note dated 08-27-2015 documents the injured worker rates her pain as a 6 out of 10. It is sharp and shooting in the lower back with radiation shooting into the left leg. She has fairly good relief with epidural steroid injections over the last several months and then she increased her activity and has a significant setback. She arrived today in a wheelchair. Treatment to date has included diagnostic studies, medications, left and right lumbar transforaminal steroid injections, facet injections, status post lumbar fusion and cage placement on 02-19-2008, posterior spina lumbar fusion on 02-22-2008, physical therapy, massage therapy, chiropractic treatment and or acupuncture. Home exercises

help minimally. NSAIDs do not provide adequate relief from the pain. The Request for Authorization dated 09-25-2015 includes Fluoroscopic Guidance, quantity 1, Left L3-4 Medial Branch Block, quantity 1, Left L4-5 Medial Branch Block, quantity 1, Right L3-4 Medial Branch Block, quantity 1, and Right L4-5 Medial Branch Block, quantity 1. Current medications include Butrans patch, Soma, Dyna MD pain cream, Gabapentin, Norco, Ibuprofen, Lisinopril, and Metoprolol Tartrate. On 10-02-2015 Utilization Review non-certified the request for Fluoroscopic Guidance, quantity 1, Left L3-4 Medial Branch Block, quantity 1, Left L4-5 Medial Branch Block, quantity 1, Right L3-4 Medial Branch Block, quantity 1, and Right L4-5 Medial Branch Block, quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4 Medial Branch Block, quantity 1: 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) Diagnostic Blocks, Back- Lumbar & Thoracic (Acute & Chronic), Facet Joint Injection Blocks (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 left lower extremity. There are also more than two levels requested (bilateral L3, L4 and L5). Medical necessity for the requested right L3-L4 medial branch blocks has not been supported or established. The requested procedure is not medically necessary.

Left L3-4 Medial Branch Block, quantity 1: 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) Diagnostic Blocks, Back- Lumbar & Thoracic (Acute & Chronic), Facet Joint Injection Blocks (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 left lower extremity. There are also more than two levels requested (bilateral L3, L4 and L5). Medical necessity for the requested left L3-L4 medial branch blocks has not been supported or established. The requested procedure is not medically necessary.

Right L4-5 Medial Branch Block, quantity 1: 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) Diagnostic Blocks, Back- Lumbar & Thoracic (Acute & Chronic), Facet Joint Injection Blocks (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 left lower extremity. There are also more than two levels requested (bilateral L3, L4 and L5). Medical necessity for the requested right L4-L5 medial branch blocks has not been supported or established. The requested procedure is not medically necessary.

Left L4-5 Medial Branch Block, quantity 1: 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)

Diagnostic Blocks, Back- Lumbar & Thoracic (Acute & Chronic), Facet Joint Injection Blocks (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 left lower extremity. There are also more than two levels requested (bilateral L3, L4 and L5). Medical necessity for the requested left L4-L5 medial branch blocks has not been supported or established. The requested procedure is not medically necessary.

Fluoroscopic Guidance, quantity 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.