

Case Number:	CM14-0125015		
Date Assigned:	08/11/2014	Date of Injury:	10/28/1999
Decision Date:	09/19/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 72-year-old male who reported an injury on 10/28/1999 due to unspecified mechanism. The injured worker was diagnosed with lumbar radiculopathy and lumbar degenerative disc disease. The injured worker received conservative care including TENS unit, home exercise program, moist heat, and stretches. On 02/08/2014, a lumbar MRI indicated multilevel degenerative disc disease. The injured worker saw his physician on 07/16/2014 reporting persistent axial pain in the low back. The injured worker also stated a recent transforaminal epidural steroid injection gave him 50% relief allowing for increased walking and standing. He was requesting treatment for his axial pain. Pain rating was 3/10. The lumbosacral exam notes palpation and tenderness at L3-4 with left paralumbar tenderness. Range of motion was limited. The physician notes a new problem of facet syndrome. The injured worker was prescribed cyclobenzaprine, Norco, tramadol, and trazodone. On 07/21/2014, the injured worker received a bilateral L3 and L4 diagnostic medial branch block under fluoroscopy. The injured worker reported a pretreatment pain score of 8/10 reduced to 2/10 twenty minutes after the procedure. A request was received for bilateral lumbar facet medial branch blocks at L3 and L4 with anesthesia and fluoroscopic guidance. The rationale was to alleviate axial pain. The Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Facet Medial Branch Block at L3 and L4 x1 with Anesthesia, Fluoroscopic Guidance, Radiology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Low Back Procedure Summary (Updated 07/03/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Medial Branch Blocks.

Decision rationale: The California ACOEM Guidelines state that facet neurotomy may only be performed after positive results are obtained with diagnostic medial branch blocks. More specifically, the Official Disability Guidelines state that only one set of medical branch blocks is required prior to facet radiofrequency ablation. The injured worker had received a prior medial branch block on 07/21/2014 with greater than 50% improvement in pain noted after that procedure. Therefore, the rationale for additional diagnostic blocks is unclear as the guidelines specify that only one set is required. Additionally, the use of anesthesia during this procedure would potentially compromise the outcome. For these reasons, the request is not medically necessary.