

Case Number:	CM14-0132809		
Date Assigned:	08/22/2014	Date of Injury:	03/10/2010
Decision Date:	10/14/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/17/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 59-year-old female who has submitted a claim for Lumbosacral spondylosis without myelopathy associated with an industrial injury date of March 10, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of increased low back pain radiating to both buttocks and the back of both thighs. Examination of the lumbar spine demonstrated antalgic gait, extension limited to 10 degrees due to pain, trigger points, spinous process tenderness on L3, L4 and L5, positive lumbar facet loading bilaterally, significant tenderness over the facet joints on both sides at L4-S1, 5/5 motor strength, negative SLR test, intact sensation and normal DTRs. An MRI of the lumbar spine without contrast performed on May 21, 2010 demonstrated, "1. Degenerative facet disease is present at the lower 4 lumbar levels most severe at L5-S1, 2. Degenerative anterolisthesis is seen at L5-S1 due to severe facet disease, which appears chronic, 3. Facet spurs contact each exiting L5 nerve root within the neural foramina, 4) Nonspecific subcutaneous soft tissue edema in the midline from T12 through sacrum level." Treatment to date has included prior diagnostic lumbar medial branch blocks according to an August 6, 2013 report. The patient was also previously approved for RFA of the lumbar medial branch nerves bilaterally L3, L4, L5 on August 13, 2013. However, the medical records do not establish when this procedure was performed as well as the patient's response. An evaluation on November 25, 2013 revealed that the pain level was unchanged at 9/10 and pain medication was increased to include a narcotic medication and muscle relaxant not indicating a positive response to the RFA procedure. Utilization review from July 21, 2014 denied the request for Injection: Bilateral diagnostic lumbar medial branch blocks L3-4 & L4-5 QTY: 2 because the patient already underwent prior diagnostic medial branch blocks and there was no indication of an appropriate response of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Bilateral diagnostic lumbar medial branch blocks L3-4 & L4-5 QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Facet joint therapeutic steroid injections

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that medial branch blocks are generally considered as diagnostic blocks. While not recommended, criteria for use of medial branch blocks are as follows: there should be no evidence of radicular pain, spinal stenosis, or previous fusion; if the medial branch block is positive, the recommendation is subsequent neurotomy; there should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, there is no evidence of radicular pain, spinal stenosis or previous fusion. However, the medical records indicate that the patient had undergone prior diagnostic lumbar medial branch blocks but the patient's response was not found in the documentation provided. Moreover, records indicate that the patient was previously approved for RFA of the lumbar medial branch nerves bilaterally L3, L4, L5 on August 13, 2013 but do not establish when this procedure was performed as well as the patient's response. Furthermore, there is no mention of a formal plan of rehabilitation in addition to facet joint injection therapy. The medical necessity for medial branch block was not established. Therefore, the request for Injection: Bilateral diagnostic lumbar medial branch blocks L3-4 & L4-5 QTY: 2 is not medically necessary.