

Case Number:	CM14-0141693		
Date Assigned:	09/10/2014	Date of Injury:	03/01/2013
Decision Date:	10/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in 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 48-year-old male who reported an injury on 03/01/2013. The mechanism of injury was noted as a fall. On 03/14/2014, the injured worker presented with mid and low back pain and right knee complaints. Prior therapy included physical therapy, chiropractic treatment, and medications. Upon examination, there was decreased sensation at the L4 and L5 dermatomes to the right, and a positive straight leg raise with radiation and pain of the right leg down to the calf. There was normal upper and lower extremity reflexes and motor strength was 4+/5 on the left. The diagnoses were multilevel disc herniation of the lumbar spine with neural foraminal narrowing, facet arthropathy of the lumbar spine, and lumbar radiculopathy. An MRI of the lumbar spine performed on 06/13/2013 revealed L4-5 degenerative grade 1 anterolisthesis of L4-5 with posterior disc pseudobulge and facet arthropathy contributing to canal stenosis and bilateral foraminal encroachment, L2-3 posterior disc bulge effacing the surface of the thecal sac, and L2-3 minimal posterior disc bulge of L2-3 without evidence of canal or foraminal stenosis. The provider recommended a left medial branch block for L3-4, L4-5, and L5-S1. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Medial Branch Block for L3-4, L4-5, L5-S1: 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 (ODG) Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for Left Medial Branch Block for L3-4, L4-5, L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may have benefited an injured worker presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that the criteria for use of a diagnostic block is limited to injured workers with pain that is nonradicular, no more than 2 joint levels injected in 1 session, and failure of conservative treatment to include home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The documentation submitted for review stated that there was decreased sensation in the L4 and L5 dermatomes to the right, normal upper and lower extremity reflexes, and a positive right sided straight leg raise. The provider's request for a medial branch block from L3-4, L4-5, and L5-S1 exceeds the Guideline recommendation, which states no more than 2 facet joint levels should be injected at 1 session. Additionally, there is lack of evidence of neurological deficits pertaining to the L3-4, L4-5, and L5-S1. There is also a lack of documentation of previous courses of conservative treatment and the efficacy of those treatments. As such, medical necessity has not been established.