MAXIMUS Federal Services

Case Number:	CM14-0144732		
Date Assigned:	09/12/2014	Date of Injury:	06/02/2001
Decision Date:	10/16/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62-year-old female who reported an injury on 06/02/2001. The mechanism of injury was a fall. Her diagnoses include lumbosacral spondylosis without myelopathy, lumbar disc disorder, and low back pain. The injured worker's past treatments included medications, left L3, L4, L5, and S1 medial branch blocks on 03/06/2013, and a right L4, L5, and S1 medial branch facet radiofrequency Rhizotomy. The injured worker's diagnostic testing included an MRI of the lumbar spine without contrast on 02/13/2004. The MRI revealed scoliotic curvature of the lumbar spine, minimal anterolisthesis of L4 on L5, and at L5-S1, and a 3 mm left foraminal disc protrusion with abutment of the exiting left L5 nerve root. There were no relevant surgeries documented. On 07/02/2014, the injured worker complained of low back pain with radiation into her buttock and thighs. She rated the pain as an 8/10 on a pain scale. She reported that her average pain score since last followup visit was a 9/10. Upon physical examination, the injured worker was noted to have tenderness in the right and left lumbar paravertebral regions. There was pain with facet loading and lumbar extension noted at the L4-5 and L5-S1 levels. The lumbar spine forward flexion was limited to 40 degrees, extension limited to 5 degrees, right lateral flexion limited at 10 degrees, and left lateral flexion limited at 10 degrees. The sensations were noted to be equal in both lower extremities. Motor strength was 5/5 in both lower extremities. The injured worker's medications included hydrocodone-acetaminophen 10/325 mg, gabapentin 300 mg, and diclofenac sodium 75 mg. The request was for medial branch block bilaterally at L4-5 and L5-S1. The rationale was so that the injured worker's level of functionality could return to its previous status. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block, bilateral L4-L5 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-Low Back-Lumbar & Thoracic (Acute and Chronic), Facet joint radiofrequency ablation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections)

Decision rationale: The request for medial branch block, bilateral L4-5 quantity 1 is not medically necessary. The California MTUS/ACOEM Guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. More specifically, the Official Disability Guidelines state medial branch blocks are not recommended except as a diagnostic tool, as there is minimal evidence for treatment. The medical records provided indicate the injured worker received greater than 50% relief for greater than 6 months from the radiofrequency lesioning performed 03/06/2013 on the left and 03/22/2013 on the right at L4-5 and L5-S1. The provider noted that if authorization was not obtained for repeat radiofrequency lesioning at bilateral L4-5 and L5-S1, then bilateral medial branch blocks would be requested. The injured worker was noted to have tried and failed 6 weeks of conservative therapy, however, there was no documentation to verify this information. Nonetheless, the guidelines state that therapeutic medial branch blocks are not recommended. Based on this information, the request is not supported. Therefore, the request is not medically necessary.

Medial branch block, bilateral L5-S1 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, Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint radiofrequency neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint medial branch blocks (therapeutic injections).

Decision rationale: The request for medial branch block, bilateral L5-S1 quantity 1 is not medically necessary. The California MTUS/ACOEM Guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. More specifically, the Official Disability Guidelines state medial branch blocks are not recommended except as a diagnostic tool, as there is minimal evidence for treatment. The medical records provided indicate the injured worker received greater than 50% relief for greater than 6 months from the radiofrequency lesioning performed 03/06/2013 on the left and 03/22/2013 on the right at L4-5 and L5-S1. The provider noted that if authorization was not obtained for repeat radiofrequency lesioning at bilateral L4-5 and L5-S1,

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