

Case Number:	CM14-0146385		
Date Assigned:	09/30/2014	Date of Injury:	04/25/1999
Decision Date:	12/26/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/09/2014

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 Management and is licensed to practice in Tennessee. 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 54-year-old female who has submitted a claim for postlaminectomy syndrome of the lumbar region, and sciatica associated with an industrial injury date of 4/25/1999. Medical records from 2014 were reviewed. The patient complained of low back pain described as constant, burning, and stabbing. Pain radiated to bilateral lower extremities. Aggravating factors included bending and walking. Physical examination showed an awake, alert, and oriented patient. No sedation was noted. Treatment to date has included lumbar surgery, physical therapy, use of RS-4i unit and medications. The utilization review from 8/13/2014 denied the request for right lumbar facet joint medial branch block at L3-4, L4-5 under ultrasound. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar facet joint medial branch block at L3-4, L4-5 under ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

Chapter, Facet Joint Medial Branch Blocks (Therapeutic Injections) and Facet Joint Diagnostic Blocks (Injections)

Decision rationale: CA MTUS does not specifically address medial branch blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that medial branch blocks 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 medial branch blocks 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. In this case, the patient complained of low back pain described as constant, burning, and stabbing. Pain radiated to bilateral lower extremities. Aggravating factors included bending and walking. Physical examination showed an awake, alert, and oriented patient. Symptoms persisted despite lumbar surgery, physical therapy, use of RS-4i unit and medications hence this request for medial branch block. However, the patient was assessed to have lumbar radiculopathy. Moreover, there was not enough physical examination finding to support the presence of facet-mediated type of pain. Lastly, imaging results were not submitted for review. Therefore, the request for right lumbar facet joint medial branch block at L3-4, L4-5 under ultrasound was not medically necessary.