

Case Number:	CM14-0148695		
Date Assigned:	09/18/2014	Date of Injury:	10/25/2005
Decision Date:	10/16/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/12/2014

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 and Rehabilitation 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:

According to the records made available for review, this is a 55-year-old female with a 10/25/05 date of injury. At the time (8/28/14) of the Decision for Bilateral L2-S1 medial branch facet blocks under fluoroscopy and anesthesia, there is documentation of subjective (low back pain) and objective (tenderness to palpation over the lumbar facets in the L3-S1 region and pain with lumbar range of motion) findings, current diagnoses (cervical spine failed back syndrome, headaches, and lumbar spine failed back syndrome), and treatment to date (lumbar medial branch blocks on 9/15/11 with significant relief). There is no (clear) documentation of success (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks following previous injection).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-S1 medial branch facet blocks under fluoroscopy and anesthesia: 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), Treatment in Workers Compensation (TWC): Low Back Procedure Summary last updated 08/22/2014

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, Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of medial branch block. ODG identifies that if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). Within the medical information available for review, there is documentation of diagnoses of cervical spine failed back syndrome, headaches, and lumbar spine failed back syndrome. In addition, there is documentation of a previous lumbar medial branch block performed on 9/15/11. Furthermore, there is documentation of non-radicular facet mediated pain. However, given documentation of unquantified (significant) pain relief following previous injection, there is no (clear) documentation of success (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks following previous injection). Therefore, based on guidelines and a review of the evidence, the request for Bilateral L2-S1 medial branch facet blocks under fluoroscopy and anesthesia is not medically necessary.