

Case Number:	CM14-0162193		
Date Assigned:	10/07/2014	Date of Injury:	04/25/2012
Decision Date:	10/31/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/02/2014

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 Occupational 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 44-year-old male with a 4/25/12 date of injury. At the time (8/12/14) of request for authorization for bilateral lumbar medial branch blocks at the L3, L4, L5, there is documentation of subjective (severe low back pain and swelling in the right lower limb) and objective (decreased sensation in the right L1-S2 dermatomes, positive straight leg raise on the right, decreased lumbar range of motion, and pain with lumbar facet provocative maneuvers), current diagnoses (spinal stenosis, lumbar spondylosis, and lumbar radiculopathy), and treatment to date (lumbar medial branch block at bilateral L3-L4 and L5 on 7/14/14 with 40% pain relief; and medications). Medical report identifies a request for repeat bilateral L3-4 and L5 medial branch block. There is no documentation of 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 Lumbar Medial Branch Blocks at the L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, Online Edition, Chapter: Low Back- Lumbar & Thoracic- Facet joint diagnostic blocks (injections)

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 spinal stenosis, lumbar spondylosis, and lumbar radiculopathy. In addition, there is documentation of a previous lumbar medial branch block at bilateral L3-L4 and L5 on 7/14/14 with a request for repeat injection. However, given documentation of 40% pain relief with previous injection on 7/14/14, there is no documentation of initial pain relief of 70%, plus pain relief of at least 50% for duration of at least 6 weeks following previous injection. Therefore, based on guidelines and a review of the evidence, the request for bilateral lumbar medial branch blocks at the L3, L4, and L5 is not medically necessary.