MAXIMUS Federal Services

Case Number:	CM14-0175043		
Date Assigned:	10/27/2014	Date of Injury:	12/04/2013
Decision Date:	12/16/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/21/2014

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 and Texas. 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 53 year old male who was injured on 12/4/2013. The diagnoses are lumbar spinal stenosis, facet arthropathy and low back pain. The MRI of the lumbar spine showed multilevel central canal stenosis, disc bulges, facet arthrosis and central canal stenosis. The patient completed PT, Chiropractic treatments and lumbar epidural steroid injections. On 9/17/2014, [redacted] noted subjective report of greater than 80% pain relief with increased ranged of motion following diagnostic facet injection. There was objective findings of positive facet loading, decreased range of motion and tenderness to palpation over the lumbar spine. There was associated positive straight leg raising test and decreased sensation of the left lower extremity. The note indicated that the request would be for bilateral radiofrequency ablation. On 10/20/2014, the Case Manager [redacted] noted that the patient did not notice any pain relief following the lumbar epidural injection done on 9/15/2014 by [redacted]. The patient reported that the medications were effective in controlling the pain. The medications are tramadol and Motrin for pain and Flexeril for muscle spasm. The records indicate that prior non fluoroscopic guided trigger point / facet injections by [redacted] in July 2014, did not result on any significant pain relief. There was no procedure note included with the records.A Utilization Review determination was rendered on 10/8/2014 recommending non certification for bilateral L4-L5, L5-S1 median branch block with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left medial branch block L4-L5, L5-S1 with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: The CA MTUS did not fully address the use of facet median branch blocks in the treatment of low back pain. The ODG guidelines recommend that interventional pain procedures can be utilized in the treatment of severe chronic musculoskeletal pain when conservative treatments with medications and PT have failed. The records indicate that the patient reported significant pain relief with improvement in function with the use of the pain medications. There is ambiguity and confusion on the procedure that is being requested. The 9/17/2014 medical records indicated that the request would be for radiofrequency ablation of the median branch nerves after the documentation of pain relief following prior facet median branch blocks. The medical records indicated that the prior injection was functionally trigger points because it was performed without fluoroscopic guidance. The Nurse Case Manager indicated it was epidural injection that was not beneficial. There was no Procedure Note provided to clarify the past procedure for this review. The patient did report pain relief and improvement in physical function with utilization of the pain medications. The criteria for the Left L4-L5, L5-S1 fluoroscopic guided median branch block injections were not met.

Right medial branch block L4-L5, L5-S1 with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & Thoracic (Acute & Chronic)

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

Decision rationale: The CA MTUS did not fully address the use of facet median branch blocks in the treatment of low back pain. The ODG guidelines recommend that interventional pain procedures can be utilized in the treatment of severe chronic musculoskeletal pain when conservative treatments with medications and PT have failed. The records indicate that the patient reported significant pain relief with improvement in function with the use of the pain medications. There is ambiguity and confusion on the procedure that is being requested. The 9/17/2014 medical records indicated that the request would be for radiofrequency ablation of the median branch nerves after the documentation of pain relief following prior facet median branch blocks. The medical records indicated that the prior injection was functionally trigger points because it was performed without fluoroscopic guidance. The Nurse Case Manager indicated it was epidural injection that was not beneficial. There was no Procedure Note provided to clarify the past procedure for this review. But the procedure did not provide pain relief. The patient did

report pain relief and improvement in physical function with utilization of the pain medications. The criterion for the Right L4-L5, L5-S1 fluoroscopic guided median branch block injections was not met.