

Case Number:	CM14-0093285		
Date Assigned:	07/25/2014	Date of Injury:	08/09/2010
Decision Date:	09/17/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 59 year old male who reported injury on 08/09/2010, the mechanism of injury reportedly occurred when the injured worker hit a speed bump while driving. The injured worker had diagnoses of multi-level lumbar degenerative disc disease with spondylosis and lumbar spondylolisthesis. Past treatments consisted of a medial branch block at L3-4, L4-5, L5-S1 bilaterally on 08/21/2013. A Radiofrequency ablation (RFA) of the L3-4, L4-5, L5-S1 was conducted on the low back on 01/08/2014. There were no diagnostic studies noted. The clinical note dated 03/06/2014 noted the injured worker complained of less pain at the mid back, but had numbness in his toes. He stated his pain was worse at night and his sleep was disturbed 2 to 3 times per night. The physician indicated the radiofrequency ablation performed on 01/08/2014 continued to be effective. The injured worker's physical exam indicated he was able to sit 0 to 1 minute and stand and walk 60 minutes. His pain level was 6-7/10 interval pain with spasms in his right lower back. Medications included cannabinoids (THC), zanaflex 4mg, ibuprofen, norco 5/325, Lidoderm and iontophoresis patches with 4 mg of dexamethasone. The treatment plan included plans to monitor the effects of the radiofrequency ablation, continue medications, and utilize a TENS unit while continuing strengthening and exercise. The rationale for the request and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks levels L3- L4, L4-L5, L5-S1 Bilateral: 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 chapter).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation (ODG) Low back, Facet joint diagnostic blocks (injections).

Decision rationale: The request for medial branch block levels L3-L4, L4-L5, L5-S1 bilateral is not medically necessary. The injured worker has a history of low back pain including multi-level lumbar degenerative disc disease with spondylosis and lumbar spondylolisthesis. 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. The Official Disability Guidelines state that the medial branch blocks are not recommended except as a diagnostic tool and states that there is minimal evidence for treatment. The guidelines note only one set of diagnostic medial branch blocks are required with a response of medial branch blocks are limited to patients with low-back pain that are non-radicular and at no more than two levels bilaterally. The injured worker has received past treatment with radiofrequency ablation at L3-4, L4-5, L5-S1, prior to which a medial branch block was performed. The request for a medial branch block at 3 levels would exceed the guideline recommendations. The injured worker previously underwent a medial branch block followed by a radiofrequency ablation to the requested levels. Repetition of a medial branch block would not be indicated, as the guidelines note only one set of diagnostic medial branch blocks are required. As such, the request for medial branch blocks levels L3- L4, L4-L5, L5-S1 bilateral is not medically necessary.