

Case Number:	CM13-0059044		
Date Assigned:	01/15/2014	Date of Injury:	05/11/2012
Decision Date:	03/05/2015	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 54 year-old female, who was injured on May 11, 2012, while performing regular work duties. The injured worker has continued complaint of left shoulder and low back pain, which are determined to be due to cumulative trauma. The records indicate the injured worker has received treatment including radiological imaging, physical therapy, medications, pain shots, psychological testing, laboratory evaluations, and transcutaneous electrical nerve stimulation unit. On October 4, 2013, a primary treating physician's progress report indicated the injured worker had tenderness of the lumbar spine region and had pain with movement. A magnetic resonance imaging of the lumbar spine completed on June 13, 2013, reveals discogenic degenerative change, disc protrusion, and disc protrusion/extrusion. The request for authorization is for lumbar medial branch blocks. The level and side of the medial branch block is not indicated within the records. The primary diagnosis is low back pain. On October 29, 2013, Utilization Review non-certified the request for lumbar medial branch blocks, based on MTUS, ACOEM guidelines. The Utilization Review indicates there had been a previous request for lumbar medial branch blocks at L3-S1, which had been non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment

Decision rationale: MTUS is silent regarding medial branch therapeutic blocks. ODG recommends criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. 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). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The treating physician did not document a plan of physical therapy or home based exercise. Additionally, the request did not state the side or levels that were to be injected. A prior review in October, 2013 also non-certified the request for median branch blocks. As such, the request for Lumbar Medial Branch Blocks is not medically necessary.