

Case Number:	CM14-0211642		
Date Assigned:	12/24/2014	Date of Injury:	07/15/2010
Decision Date:	02/20/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California

Certification(s)/Specialty: Anesthesiology, Pain Management

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 female with a 7/15/10 date of injury. At the time (10/27/14) of the request for authorization for lumbar facet block L3, L4, L5 bilaterally 2 times under fluoroscopy and anesthesia, there is documentation of subjective (low back pain that is worse with extension and rotation of the lumbar spine) and objective (palpation of the lumbar facets reveals pain on both the sides at L3-S1 region, anterior lumbar flexion causes pain, there is pain noted with lumbar extension, left and right lateral flexion causes pain) findings, current diagnoses (lumbosacral spondylosis without myelopathy, radiculopathy, spasm, and sprain/strain lumbosacral), and treatment to date (medication, acupuncture, and physical therapy). Medical reports identify blocks are requested at L3-L5 as this will innervate the L4-5 and L5-S1 facet joints which will cover the lower 2 facet joints. In addition, medical reports identify replication of request "up to 3".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet block L3, L4, L5 bilaterally 2 times under fluoroscopy and anesthesia:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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, Medial Branch Blocks (MBBs).

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 documentation of failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and that facet injection be performed as no more than a single diagnostic block, as additional criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis without myelopathy, radiculopathy, spasm, and sprain/strain lumbosacral. In addition, there is documentation of non-radicular facet mediated pain, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session. Furthermore, given documentation of replication of request "up to 3 ", there is documentation that request represents more than a single diagnostic block. Therefore, based on guidelines and a review of the evidence, the request for lumbar facet block L3, L4, L5 bilaterally 2 times under fluoroscopy and anesthesia is not medically necessary.