

Case Number:	CM14-0212566		
Date Assigned:	12/29/2014	Date of Injury:	06/28/2012
Decision Date:	02/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/18/2014

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 male with a 6/28/12 date of injury. At the time (10/8/14) of request for authorization for medial branch nerve block bilateral L4/L5 QTY: 1.00, and medial branch nerve block bilateral L5/S1 QTY: 1.00, there is documentation of subjective (low back pain with numbness) and objective (tenderness over L3-5 spinous process with decreased range of motion, positive straight leg raise, and positive bilateral Kemp's sign) findings, current diagnoses (lumbar strain, lumbar degenerative disc disease, and lumbar radiculopathy), and treatment to date (medial branch block, physical therapy, and medications). Medical reports identify that the patient had 50% relief of symptoms for 5 days following facet injections. There is no documentation of pain relief for duration of at least 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch nerve block bilateral L4/L5 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 11/21/2014) Criteria

for the use of diagnostic blocks for facet "mediated" pain / Criteria for the use of therapeutic intra-articular and medial branch blocks

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), as criteria necessary to support the medical necessity of repeat medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbar strain, lumbar degenerative disc disease, and lumbar radiculopathy. However, despite documentation that the patient had 50% relief of symptoms for 5 days following facet injections, there is no documentation of pain relief for duration of at least 6 weeks. Therefore, based on guidelines and a review of the evidence, the request for medial branch nerve block bilateral L4/L5 QTY: 1.00 is not medically necessary.

Medial branch nerve block bilater L5/S1 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 11/21/2014) Criteria for the use of diagnostic blocks for facet "mediated" pain / Criteria for the use of therapeutic intra-articular and medial branch blocks

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), as criteria necessary to support the medical necessity of repeat medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbar strain, lumbar degenerative disc disease, and lumbar radiculopathy. However, despite documentation that the patient had 50% relief of symptoms for 5 days following facet injections, there is no documentation of pain relief for duration of at least 6 weeks. Therefore, based on guidelines and a review of the evidence, the request for medial branch nerve block bilateral L5/S1 QTY: 1.00 is not medically necessary.

