

Case Number:	CM14-0218359		
Date Assigned:	01/08/2015	Date of Injury:	11/07/2013
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 56 year-old male, who was injured on November 7, 2013, with the mechanism of injury being a slip and fall. Prior therapies included an epidural steroid injection. The medications included Norco, Aleve, Zohydro, Alprazolam, and Zolpidem. The magnetic resonance imaging of the lumbar spine completed on December 18, 2013, reveals degenerative disc disease. The records indicate a magnetic resonance imaging of the cervical spine completed on August 15, 2014, reveals moderate stenosis, and mild loss of disc space. An evaluation on November 3, 2013, indicates physical findings of tenderness over the lumbar spine area. An evaluation on December 1, 2014, indicates the injured worker has continued complaint of mid and low back pain, right leg pain with radiation to the calf, left leg pain with radiation to the foot, left shoulder pain, and neck pain. There was moderate tenderness to palpation in the lumbar facets. Physical findings on that date are noted to be unchanged. The injured worker has received treatment including medications, physical therapy, transcutaneous electrical nerve stimulation, and epidural steroid injections. The request for authorization is for lumbar medial branch block, bilateral L3, 4, 5. The primary diagnosis is lumbosacral spondylosis without Myelopathy. There was no Request for Authorization submitted to support the request. On December 16, 2014, Utilization Review non-certified the request for the lumbar medial branch block, bilateral L3, 4, 5, based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch block (LMBB) at L3, 4, 5: Upheld

Claims Administrator 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 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 Chapter, Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections), Facet joint pain signs & symptoms.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool. Minimal evidence for treatment. The criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). The clinical documentation submitted for review indicated the injured worker had tenderness to palpation at the paravertebral area. However, there was a lack of documentation of a normal sensory examination in the absence of radicular findings, as well as a normal straight leg raise examination. There was a lack of documentation of a failure of conservative care including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. Given the above, the request for lumbar medial branch block (LMBB) at L3, 4, 5 is not medically necessary.