

Case Number:	CM15-0013513		
Date Assigned:	02/02/2015	Date of Injury:	01/11/2012
Decision Date:	03/20/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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: 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 34 year old male with an industrial injury dated 01/11/2012 while lifting a filled 5-gallon bucket. His diagnoses include lumbar herniated nucleus pulposus without myelopathy, lumbar spine pain, lumbago, lumbosacral disc degeneration, and lumbar spondylosis without myelopathy. Recent diagnostic testing has included a MRI of the lumbar spine (10/17/2014) showing multilevel disc herniation and mild central neural foramina narrowing. He has been treated with medications, physical therapy, injections (05/2012, 08/31/2012, 12/31/2012 & 01/30/2013), and radiofrequency treatment. In a progress note dated 10/29/2014, the treating physician reports pain in the low back and radiating into both lower extremities with a pain rating of 7/10 despite previous treatment. The objective examination revealed tenderness in the lumbar spine without muscle spasm, positive facet loading, limited range of motion, and decreased sensation in the left medial lower leg. The treating physician is requesting bilateral medial branch block at L3-L4, L4-L5 and S1 which was denied by the utilization review. On 01/14/2015, Utilization Review non-certified a request for bilateral medial branch block at L3-L4, noting the previous injection only provided 40% relief and no indications for repeat test. The ACOEM Guidelines were cited. On 01/14/2015, Utilization Review non-certified a request for bilateral medial branch block at L4-L5 and S1, noting the previous injection only provided 40% relief and no indications for repeat test. The ACOEM Guidelines were cited. On 01/14/2015, Utilization Review non-certified a request for moderate sedation, noting the denial of the procedures. The ACOEM Guidelines were cited. On 01/23/2015, the

injured worker submitted an application for IMR for review of bilateral medial branch block at L3-L4, bilateral medial branch block at L4-L5 and S1, and moderate sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block at L3-5 and S1 with moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for medial branch blocks, CA MTUS and ACOEM state that invasive techniques are of questionable merit. ODG states that suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. A single set of medial branch blocks is recommended prior to proceeding to radiofrequency neurotomy if the medial branch blocks are successful. Within the documentation available for review, the patient has already had both medial branch blocks and radiofrequency neurotomy. No rationale is provided identifying the medical necessity of repeating the diagnostic procedure (medial branch block) after the therapeutic procedure has been performed, as the supported treatment would be to repeat the radiofrequency ablation so long as the patient received an appropriate amount and duration of pain relief, functional improvement, etc. Furthermore, the patient appears to have positive radicular findings. In light of the above issues, the currently requested medial branch blocks are not medically necessary.