

Case Number:	CM14-0150316		
Date Assigned:	09/30/2014	Date of Injury:	12/10/2010
Decision Date:	11/03/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 42 pages provided for this review. The application for independent medical review was signed on September 22, 2014. It was a request for bilateral L5-S1 medial branch block injections. The utilization review was from August 29, 2014. The injury was from December 10, 2010. These injections were non-certified. Per the records provided, the claimant was diagnosed with lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. On February 18, 2014, the patient was previously certified for bilateral L5-S1 medial branch block injections, the objective functional improvement outcomes unknown. There were again complaints of low back pain rated at seven out of 10. She complained of tightness and pressure on the mid-upper back traveling down the low back. She takes her medicines as prescribed. There was diffuse tenderness with spasm and muscle guarding over the lumbar paravertebral muscles. There was severe facet tenderness over the L5-S1 areas. The lumbar spine range of motion was diminished in all planes. Manual muscle testing of the big toe extensors on the left was four out of five. There was no reference to the response of the prior certified medial branch blocks. Also there were radicular signs noted on the previous exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 medial branch block injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar spine, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back under Medical Branch Blocks, Diagnostic

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Criteria for the use of diagnostic blocks for facet "mediated" pain:1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine.2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.4. No more than 2 joint levels are injected in one session (see above for medial branch block levels).5. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005)6. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The surgical plans in this claimant is not clear. There are no clear facet diagnostic signs. The outcomes of the first set of medial branch blocks in regards to objective, functional improvement, is not known. The request is not medically necessary.