

Case Number:	CM14-0156520		
Date Assigned:	09/26/2014	Date of Injury:	05/10/2012
Decision Date:	11/05/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/24/2014

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 Internal Medicine, and is licensed to practice in California and Illinois. 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:

The injured worker is a 64-year-old male who reported injury on 05/10/2012. The mechanism of injury was not provided. The injured worker's diagnoses included back pain of the thoracic region, sciatica, degenerative disc disease of the lumbosacral spine with radiculopathy, cervicgia, degenerative disc disease of the cervical spine, and low back pain that is chronic. The injured worker's past treatments included physical therapy and chiropractic therapy. The injured worker's diagnostic testing included unofficial lumbar MRI scan on 02/11/2012, revealed degenerative disc bulges L2-3 through L4-5 with facet joint hypertrophy; at L5-S1, there was a lot of disc space height with left paracentral disc space extrusion displacing the left S1 nerve root. There was moderate to severe neural foraminal stenosis bilaterally. The injured worker's pertinent surgical history was not provided. On the clinical note dated 05/13/2014, the injured worker complained of neck and low back pain. The injured worker had range of motion to the lumbosacral spine with flexion at 30 degrees, extension at 5 degrees, and lateral bend at 10 degrees to the right and left. The injured worker had positive straight leg raise test. The injured worker's medications were not provided. The request was for median branch nerve blocks to L4-5 and L5-S1 on the right and left. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Staged (B) Median Branch Nerve Blocks, L4-5, L5-S1 (Right): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 187. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), LOW BACK, Facet joint medial branch blocks.

Decision rationale: The request for staged (B) median branch nerve blocks, L4-5, L5-S1 (right) is not medically necessary. The injured worker is diagnosed with thoracic back pain, sciatica, lumbosacral degenerative disc disease with radiculopathy, cervicalgia, cervical degenerative disc disease, and chronic low back pain. The injured worker complained of low back pain. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to a facet neurotomy. Diagnostic blocks may be performed with anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The clinical presentation should be consistent with facet joint pain, signs and symptoms and limited to patients with pain that is non radicular and at no more than 2 levels bilaterally. The guidelines require documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The injured worker is diagnosed with lumbosacral spine with radiculopathy. The medical records lack documentation of failure of conservative treatment. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. As such, the request for staged (B) median branch nerve blocks, L4-5, L5-S1 (right) is not medically necessary.

Staged (B) Median Branch Nerve Blocks, L4-5, L5-S1 (Left): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 187. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), LOW BACK, Facet joint medial branch blocks.

Decision rationale: The request for staged (B) median branch nerve blocks, L4-5, L5-S1 (left) is not medically necessary. The injured worker is diagnosed with thoracic back pain, sciatica, lumbosacral degenerative disc disease with radiculopathy, cervicalgia, cervical degenerative disc disease, and chronic low back pain. The injured worker complained of low back pain. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to a facet neurotomy. Diagnostic blocks may be performed with anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The clinical presentation should be consistent with facet joint pain, signs and symptoms and limited to patients with pain that is non radicular and at no more than 2 levels bilaterally. The guidelines require documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. Diagnostic facet blocks should not be performed in patients who have had a previous

fusion procedure at the planned injection level. The injured worker is diagnosed with lumbosacral spine with radiculopathy. The medical records lack documentation of failure of conservative treatment. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. As such, the request for staged (B) median branch nerve blocks, L4-5, L5-S1 (left) is not medically necessary.