

Case Number:	CM13-0002789		
Date Assigned:	11/08/2013	Date of Injury:	03/21/2011
Decision Date:	01/22/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 physician 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:

Patient is a 33 year old female with date of injury of 03/21/2011. Patient has diagnoses of lumbar facets syndrome, mechanical back pain, lumbago and lumbar disc disease. On report dated 06/25/2013, [REDACTED] states on examination patient is positive for lumbar para vertebral tenderness, lumbar flexion limited, Patrick/Fabre positive on the right, and axial loading test positive. She also noted motor testing was 5/5 symmetrical and SLR test was negative. [REDACTED]. [REDACTED] makes an appeal for previously denied facet block injection. QME report by [REDACTED] dated 05/14/2013 noted patient had palpable tenderness and muscle guarding/spasm throughout the lumbosacral paravertebral musculature with maximal point tenderness over sacroiliac joint and sciatic notch. Patient had decrease in ROM, diminished motor strength of both lower extremities as well as loss of sensation to pin prick. [REDACTED] notes, patient has exhausted the benefits of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet block injections with fluoroscopy L3-4, L4-5 L5-S1: 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) 2013, Low Back Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches, ODG ODG has the following: 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"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself.