

Case Number:	CM13-0008978		
Date Assigned:	10/11/2013	Date of Injury:	07/13/2012
Decision Date:	05/26/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/09/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 patient is a 62-year-old male with complaints of continuing lower back pain with radiation to his left foot. The injury occurred on July 13, 2013 after he lifted a heavy bag of lawn debris. The patient was employed by a landscaping company when the injury occurred. MRI of the lumbosacral spine done on September 4, 2012 showed multilevel degenerative changes with posterior disc bulge and severe spinal stenosis at L4-5. The patient was treated with medications, physical therapy, and epidural steroid injection. There was minimal relief from the epidural steroid injection. Request for authorization for bilateral L4-5 lumbar facet blocks with left L4 lumbar transforaminal block was submitted on June 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-L5 LUMBAR FACET BLOCKS WITH A LEFT L4 LUMBAR TRANSFORAMINAL ROOT BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 250. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter Criteria For The Use Of Diagnostic Blocks For Facet Mediated Pain.

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, Epidural steroid injections, Facet joint blocks.

Decision rationale: Facet joint blocks are 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 medical 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. Etiology of false positive blocks is: Placebo response, use of sedation, liberal use of local anesthetic, and spread of injectate to other pain generators. The concomitant use of sedative during the block can also interfere with an accurate diagnosis. Clinical presentation should be consistent with facet joint pain, signs & symptoms. Indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral areas (over the facet region), a normal sensory examination, absence of radicular findings, although pain may radiate below the knee, and normal straight leg raising exam. In this case the patient had radiation of pain to his left foot and straight leg raising exam was abnormal. This is inconsistent with facet joint pain. Medical necessity cannot be established for the facet blocks.