

Case Number:	CM13-0011886		
Date Assigned:	06/06/2014	Date of Injury:	11/17/1998
Decision Date:	07/25/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/15/2013

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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:

This is a 68-year-old female who sustained a work related injury to her back on November 17, 1998 as result of a slip and fall onto water. Her pain has evolved to become a chronic back complaint to both the lumbar and thoracic spine. Since the time of her injury, she has continued to have back pain that has progressively worsened as the years have passed and become continuous that is dull and achy all the time with intermittent presentation of sharp, stabbing, cramping pain that can elevate to 7-8/10 on the 1 to 10 pain scale. Per her Orthopedists' note, she is developing more symptomatic discomfort, has difficulty with toe walking and cannot heel walk. Her lumbar range of motion is limited in all directions. Her neurological examination is significant for decreased strength of both her flexors and extensors around her ankle. The patient has intermittent and self-resolving numbness and tingling in the upper part of her right leg at times. A lumbar MRI dated April 12, 2013 demonstrates L2-4 intervertebral disc disease with a notable curvature centered at this region. In addition, she has mild to moderate facet degenerative changes at L4-5 and L5-S1 with severe left lateral recess stenosis and a broad based disc protrusion at the L4-5 level. Her Orthopedist documents that she has failed conservative management; heat, ice, physical therapy, trigger point injections, traction, and use of sacroiliac joint belt. She also had an epidural injection many years ago, which lasted a good amount of time. In dispute is a decision for one (1) right lumbar medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) RIGHT LUMBAR MEDIAL BRANCH BLOCK: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Medial Branch Blocks (therapeutic injections).

Decision rationale: Facet joint medial branch blocks (therapeutic injections) Neither the ODG nor ACOEM guidelines recommend medial branch blocks except as a diagnostic tool. Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 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 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 7. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. Regarding the request for a single medial branch block, as the patient has documented facet degenerative changes and it is the facet joints that are innervated by the median branch, the procedure should proceed to provide some level of relief from the patient's ongoing pain and to allow her to be more active. I find that, although she also has concomitant radiculopathy, this in of itself should not be the only criteria by which a medical decision for care should be made of the seven listed by the ODG guidelines for this therapeutic intervention. I find the request has merit and should be authorized.