

Case Number:	CM13-0039278		
Date Assigned:	12/18/2013	Date of Injury:	01/18/2013
Decision Date:	04/29/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/04/2013

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 Family Practice, and is licensed to practice in Texas. 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:

The patient is a 46-year-old male who reported an injury on 01/18/2013. The mechanism of injury was noted to be the patient was driving his truck and it was snowing and cold. The patient opened the back of the truck doors and the load had shifted, and a box holding a compressor weighing approximately 100 pounds or more came down and hit the patient. The patient blocked the box with his right arm, but the box hit his head and the patient was knocked down. The patient received acupuncture and medication. The documentation of 08/27/2013 revealed that the patient had tenderness to palpation in the lumbosacral musculature and over the lumbar paraspinous processes. The patient had a negative straight leg raise and normal sensory testing. The lumbar facet compression test caused the patient to have pain in the low back, pain referring into the buttocks and thighs. The patient's diagnoses included lumbar facet arthropathy with myofascial pain. The treatment plan included lumbar facet blocks under fluoroscopic guidance for the right L4-5 and L5-S1 joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FACET BLOCKS UNDER FLUOROSCOPIC GUIDANCE RIGHT L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Block

Decision rationale: The ACOEM Guidelines indicate that facet joint injections are not recommended for the treatment of low back disorders. However, despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic. The ACOEM guidelines do not address the criteria for Medial Branch Blocks. As such, there is the application of the Official Disability Guidelines, which indicate that facet joint medial branch blocks as therapeutic injections are not recommended except as a diagnostic tool as minimal evidence for treatment exists. The Official Disability Guidelines recommend that for the use of diagnostic blocks, the patient have facet-mediated pain which includes tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings and a normal straight leg raise exam. The clinical documentation submitted for review indicated the employee had a normal straight leg raise examination and tenderness to palpation over the facets. The sensory and motor examination were noted to be normal. However, the employee was noted to have referred pain into the buttocks and thighs with the facet compression test. Given the above, the request for a lumbar facet block under fluoroscopic guidance on the right at L4-5 and L5-S1 is not medically necessary.