

Case Number:	CM13-0048958		
Date Assigned:	12/27/2013	Date of Injury:	02/09/2005
Decision Date:	05/02/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/07/2013

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 62-year-old male who reported an injury on 02/09/2005. The mechanism of injury was not provided in the medical records. The injured worker was diagnosed with flat foot and rotator cuff syndrome. A request on 10/25/2013 for L4-5, L5-S1 facet joint medial branch block injection has been made. The clinical note from the date the treatment was requested was not provided. The injured worker's symptoms included 4/10 achy/sharp constant pain localized to his bilateral ankle, knee joints, and feet. Examination of the ankle revealed swelling over the lateral and medial aspect of the ankle. Tenderness was noted over the medial and lateral aspect of the ankle. Range of motion of the ankle was noted to be painful on inversion and eversion. The injured worker's past medical treatment included aquatic therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 FACET JOINT MEDIAL BRANCH BLOCK INJECTION: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

Decision rationale: The California MTUS/ACOEM Guidelines state facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks and 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 Official Disability Guidelines 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 guidelines further recommend that for the use of diagnostic blocks, the patient have facet-mediated pain, which includes tenderness to palpation on the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings, and a normal straight leg raise exam. Additionally, 1 set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally, and they recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy. The most recent clinical note provided indicated the injured worker had continued pain to the bilateral ankle, knee joints, and feet. No sensory deficit noted in the foot. Cranial nerves 2 through 12 are noted to be grossly intact. The documentation submitted for review indicated the patient had facet-mediated pain, which included tenderness to palpation in the paravertebral area over the facet region, a normal sensory examination, absence of radicular findings, and evidence of no improvement with physical therapy. However, the request as submitted did not provide the laterality of the requested injections and failed to indicate the physician would be performing a facet neurotomy in the event the patient had a positive response. Given the above, the request for L4-5, L5-S1 facet joint medial branch block injection is non-certified.