

Case Number:	CM13-0050161		
Date Assigned:	12/27/2013	Date of Injury:	09/11/2010
Decision Date:	03/18/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/11/2013

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 Orthopedic Surgery and is licensed to practice in Texas and 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:

The patient is a 44-year-old injured worker who reported injury on 09/11/2010. The mechanism of injury was noted to be the patient was pushing a heavy box. The patient has been treated with medication management and a left-sided transforaminal epidural injection at L5-S1, which gave a successful 100% relief of pain to the left lower extremity and 50% of low back pain for several months. Per the most recent documentation, the patient had a left-sided radiofrequency lesioning to the L3, L4, and L5 with excellent results; but it was further noted that back pain on the right side seemed to be more enhanced and much more notable, and worsening since the radiofrequency lesion that helped on the left side. The patient was noted to have difficulty functioning at home, back stiffness, trouble sitting in a chair, difficulty with helping with household chores, and doing simple tasks such as washing dishes, helping clean the house, and grocery shopping. The patient's usual pain score was noted to be 5/10. The patient's physical examination revealed tenderness over the right lumbar facets, a positive facet loading test on the right, and a normal strength examination on the bilateral lower extremities. Lower extremity sensory examination revealed a normal examination to touch. The patient's diagnoses were noted to include degeneration of lumbar or lumbosacral intervertebral discs, lumbosacral spondylosis without myelopathy, chronic pain syndrome, lumbago, and obesity unspecified. The treatment plan was to continue the patient's medications and for a right L3, L4, and L5 diagnostic medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

One L3, L4, and L5 diagnostic medial branch blocks under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally. The clinical documentation submitted for review supported that the patient had facet mediated pain on the right side, however, there was a lack of documentation of straight leg raise results and exceptional factors to support the necessity for 3 levels. The request for one L3, L4, and L5 diagnostic medial branch blocks under fluoroscopy guidance is not medically necessary and appropriate.