

Case Number:	CM13-0051601		
Date Assigned:	12/27/2013	Date of Injury:	03/31/2010
Decision Date:	08/27/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation, Pain Management and is licensed to practice in 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 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 61 year old female with an original date of injury of 3/31/2010. The injured worker's covered body region is the lumbar spine. She has diagnoses of lumbar facet arthropathy, lumbar DDD, and lumbar paraspinal spasm. She is noted to have a radiofrequency ablation in the past, although the exact date is unknown. The patient has had treatment with physical therapy, aquatic therapy, TENS unit, and opiate medications. There is report from 9/6/13 that the patient underwent facet blocks and a subsequent follow-up note on 9/23/13 indicates the patient had relief for only 1 week and then had a return to baseline. According to a progress note on 10/21/13, the provider was denied a radiofrequency request, and therefore is request medial branch blocks with the hope of proceeding with an RFA (Request for Authorization).

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDIAL BRANCH/DORSAL RAMI BLOCKS BILATERAL L4-5 AND L5-S1 FACETS X1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK CHAPTER, FACET JOINT DIAGNOSTIC BLOCKS (INJECTIONS).

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, Diagnostic Facet injections.

Decision rationale: Lumbar facet injections are not specifically addressed within the Chronic Pain Medical Treatment Guidelines. However, Section 9792.23.5 Low Back Complaints of the California Code of Regulations, Title 8, page 6 states the following: "The Administrative Director adopts and incorporates by reference the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) into the MTUS from the ACOEM Practice Guidelines." ACOEM Medical Practice Guidelines, 2nd edition, 2004 specifies that facet-joint injections are "Not recommended in Table 12-8 on page 309 based upon "limited research-based evidence (at least one adequate scientific study of patients with low back pain)." Additionally, page 300 of ACOEM Chapter 12 contains the following excerpt regarding injections: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. 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 pain." The guidelines found in the California Medical Treatment and Utilization Schedule and ACOEM supersede other guidelines in the Independent Medical Review process. However, the Official Disability Guidelines can also be considered since this is a secondary guideline that is widely accepted. The California Medical Treatment and Utilization Schedule states "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." The Official Disability Guidelines Low Back Chapter state the following regarding Lumbar Facet joint diagnostic blocks (injections): "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 medial 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." There is report from 9/6/13 that the patient underwent facet blocks and a subsequent follow-up note on 9/23/13 indicates the patient had relief for only 1 week and then had a return to baseline. According to a progress note on 10/21/13, the provider was denied a radiofrequency request, and therefore is request medial branch blocks with the hope of proceeding with an RFA (Request for Authorization). Based

upon this response, there is evidence the patient had partial relief from the facetogenic component of the low back pain, and it worthwhile to pursue diagnostic medial branch blocks, especially in this case to attempt to wean opioid medications. This request is medically necessary.