

Case Number:	CM13-0061946		
Date Assigned:	12/30/2013	Date of Injury:	12/04/2011
Decision Date:	05/21/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/05/2013

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 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 patient is a 64-year-old female who was injured on 12/04/2011, while she bent over to pick up a bag full of blankets, weighing approximately 50 pounds. The prior treatment history has included six (6) physical therapy sessions and six (6) chiropractic treatments, without benefit. The patient had an injection of the right posterior superior iliac spine on 05/03/2012, with no benefit. She also received six (6) acupuncture treatments, which helped the legs, but worsened the low back. An evaluation dated 11/17/2013, showed her medications were diclofenac and tramadol. The diagnostic studies reviewed include an MRI of the lumbar spine (undated), which documented "multiple disc protrusions along with foraminal stenosis and facet degeneration from the L2-L3 through the L5-S1 levels. The progress report (PR-2) dated 10/08/2013, documented that the patient is status post facet injections of the bilateral L4-L5 and L5-S1 levels for the treatment of persistent lower back pain. She described considerable decrease in pain across the lumbar region, with at least 50% reduction. She still gets some pain in the lumbar region along with very slight intermittent pain down the left buttock and proximal thigh. The majority of her radicular pain is resolved after the initial epidural injection done a little over a month ago. The assessment indicated: Degenerative lumbar spine disease; and Lower back and bilateral radicular pain currently under control. The PR-2 dated 11/14/2013, documented that since the patient's last visit of 09/19/201, she was taking four (4) tramadol a day with two (2) separated by a few hours and the Voltaren once daily and continues with pain without radiating into the left leg. She is still off work. She had the epidural steroid injection (ESI) on 09/13/2013 and two (2) additional injections since last seen. She continues with lower back pain right and left, but no left lower extremity pain aggravated by twisting and steps. Physical therapy was ordered and she has had 3/7 with 4 left and is requesting one (1) more injection. The objective findings on exam reveal that there is tenderness noted over L5-S1 midline and right and left

midline increased on the right with rotation left. Lumbar range of motion flexion 8' from ankles, extension 15 degrees painful in the right lower body especially with hyperextension and rotation, lateral flexion right/left, mid thighs. No significant changes. There is normal neurologic lower extremity with 2+ patellar and 1+ Achilles reflexes bilaterally, and negative tension signs. The injection performed on 05/31/2012 was of no benefit. Pain management is recommending ESI 09/03/2013, no left lower extremity pain and two (2) additional injections prior to 11/14/2013. The diagnosis include: Degenerative disc disease of the lumbar spine with possible right spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDIAL BRANCH BLOCK UNDER FLUROSCOPIC GUIDANCE, BILATERAL LEVELS, L3,L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES NECK AND UPPER BACK (UPDATED 05/14/13) AND THE ODG LOW BACK (UPDATED 10/09/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, FACET INJECTIONS, FACET JOINT PAIN, SIGNS AND SYMPTOMS.

Decision rationale: The CA MTUS/ACOEM Guidelines state, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." According to the Official Disability Guidelines, lumbar facet joint medial branch blocks as therapeutic injections, are not recommended, and may only be considered as a diagnostic tool. There is minimal evidence for use as treatment. According to the medical records, the patient has already undergone lumbar facet blocks, from which at least 50% reduction of pain following (duration not noted) was reported. The guidelines indicate consideration for lumbar facet joint medial branch blocks require relevant criteria be met, such as only one (1) set of diagnostic medial branch blocks is required with a response of $\geq 70\%$, the pain response should last at least two (2) hours for Lidocaine. In addition, the injections must be limited to patients with low-back pain that is non-radicular and at no more than two (2) levels bilaterally. The request for medial branch block (MBB) at three (3) levels bilaterally, exceeds the guidelines recommendations, and is not supported. The request for repeat facet injections at multiple lumbar levels is not supported by the guidelines. Furthermore, the medical records do not document clinical findings that support the existence of facet-mediated pain. The medical necessity of the request has not been established, and is therefore non-certified.