

Case Number:	CM13-0068238		
Date Assigned:	01/03/2014	Date of Injury:	03/03/2011
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/19/2013

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, 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 patient is a 50-year-old female who reported an injury on 03/03/2011. The mechanism of injury was noted to be a fall. She is diagnosed with lumbar disc disease, lumbar radiculopathy, and left sacroiliac joint arthropathy. Her symptoms are noted to include pain in the lumbar spine with radiation down her bilateral legs to the ankles with weakness, numbness, and tingling. Physical examination findings related to the lumbar spine include tenderness to palpation over the facets at the L5-S1 level, positive sacroiliac test on the left side including tenderness, Patrick's test, sacroiliac thrust test, and Yeoman's test. She is also noted to have positive bilateral straight leg raise testing, decreased sensation in an L5 dermatomal distribution bilaterally, and decreased motor strength in a right L5 myotomal distribution, and a left L2-5 myotomal distribution. Her recommendation was made for bilateral L4-S1 medial branch blocks due to the patient's facet pain on physical examination and facet arthropathy on MRI. It was noted that she has failed conservative treatment including physical therapy, chiropractic care, medication, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-S1 MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint diagnostic blocks; Facet joint pain, signs & symptoms.

Decision rationale: According to ACOEM Guidelines, invasive techniques including facet joint injections are of questionable merit. However, it is noted that many pain physicians believe that diagnostic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. As the patient's pain is noted to be chronic, persisting since her 2011 injury, the Official Disability Guidelines were referenced. According to Official Disability Guidelines, facet joint diagnostic blocks may be recommended for patients presenting with facet joint pain which is noted to be tenderness to palpation over the facet region, a normal sensory exam, absence of radicular findings, and normal straight leg raise exam. Additionally, guidelines state facet joint blocks are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally when there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs for at least 4 to 6 weeks. The clinical information submitted for review indicated the patient has failed conservative treatment and presented with tenderness to palpation over the facet joints. However, the patient's pain is noted to radiate to their bilateral lower extremities and physical examination revealed significant objective findings consistent with radiculopathy including decreased motor strength, decreased sensation, and positive straight leg raise in their bilateral lower extremities. Therefore, the patient does not meet the criteria for facet joint diagnostic blocks as noted by the evidence-based guidelines. The request for bilateral L4-S1 medial branch blocks is not medically necessary and appropriate.