MAXIMUS Federal Services

Case Number:	CM14-0001006		
Date Assigned:	01/22/2014	Date of Injury:	07/24/2007
Decision Date:	06/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/03/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 50-year-old male who reported an injury on 07/24/2007. The mechanism of injury was not specifically stated. Current diagnoses include possible lumbar discogenic pain, right lumbosacral radicular pain, possible right sacroiliac joint pain, and bilateral inguinal hernia. The injured worker was evaluated on 12/09/2013. The patient reported persistent lower back pain, right groin pain, and abdominal pain. It is noted that the injured worker has been previously treated with a lumbar spine caudal epidural block at the right L5 area. The injured worker has undergone electromyography and nerve conduction studies of the bilateral lower extremities which indicated normal findings. Previous conservative treatment includes chiropractic therapy and physical therapy. Physical examination revealed tenderness to palpation of the lumbar spine, bilateral lumbar facet tenderness at L4 through S1, mild right sciatic notch tenderness, hyperalgesia in the right L5-S1 nerve root, and painful range of motion. Treatment recommendations at that time included a diagnostic lumbar facet medial nerve block at L4-S1, a confirmatory second set of diagnostic blocks at L4-S1, and bilateral L4-S1 lumbar facet medial nerve radiofrequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE CONFIRMATORY SECOND DIAGNOSTIC BILATERAL L4-5, L5-S1 LUMBAR FACET MEDIAL NERVE BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, CHAPTER 12, 300-301

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 Chapter, Facet Joint Diagnostic Block.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state the clinical presentation should be consistent with facet joint pain, signs, and symptoms. There should also be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. As per the documentation submitted, the injured worker does demonstrate facet joint tenderness at L4-S1 upon physical examination. However, a second diagnostic lumbar facet medial nerve block would be based on the injured worker's response to the initial injection. Therefore, the current request cannot be determined as medically appropriate.

BILATERAL L4-5, L5-S1 RADIOFREQUENCY WITH CAUDAL EPIDURAL BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, CHAPTER 12, 300-301

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Lumbar facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The injured worker has not undergone a diagnostic medial branch block. Therefore, the current request cannot be determined as medically appropriate.

PROSPECTIVE DIAGNOSTIC BILATERAL LUMBAR FACET MEDIAL NERVE BLOCK: 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 Chapter, Facet Joint Diagnostic Block.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state

clinical presentation should be consistent with facet joint pain, signs, and symptoms. There should be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. As per the documentation submitted, the injured worker does demonstrate facet joint tenderness upon physical examination; the injured worker has been previously treated with chiropractic treatment and physical therapy. However, there is no specific level at which the medial nerve block will be administered listed in the request. Therefore, the request is not medically appropriate.