

Case Number:	CM14-0004644		
Date Assigned:	02/05/2014	Date of Injury:	04/10/2012
Decision Date:	07/15/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/10/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 59 year old female who reported an injury on 04/10/2012 due to an unknown mechanism of injury. The injured worker complained of worsening low back pain. On 02/03/2014 the physical exam revealed limited range of motion secondary to pain. There was pain to palpation over the facet joints right L4-5, and L5-S1. The MRI on 01/18/2013 showed no evidence of recurrent disc herniation at L4-5. There was evidence of a right-sided paracentral disc protrusion at L5-S1. Also, degenerative changes were noted at L3-4 L4-5 and L5- S1. The injured worker had a diagnoses of facet syndrome at the L4-5, and L5-S1-right lumbar. The past treatment included a laminotomy/ discectomy of the left L4-5 on 08/01/2011. In addition, she had physical therapy, chiropractic therapy, medication therapy/ pain management, right L5-S1 and L4-5 transforaminal epidural injection combined with medial branch blocks on 03/20/2013, and right sacroiliac joint S1 joint injection on 06/19/2013. The injured worker is on Vicodin as needed. The current treatment plan is for an injection bilateral facet medial branch blocks L4-5 and L5-S1. The rationale submitted for review was for this a diagnostic test and if it is helpful, will provide greater than 70% improvement in pain, then the option of neurotomy can be considered. The hope is to avoid a large-scale fusion surgery. The request for authorization form is dated 02/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION: BILATERAL FACET MEDIAL BRANCH BLOCKS L4-5 AND L5-S1:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, FACET BLOCKS.

Decision rationale: The request for injection bilateral facet medial branch blocks L4-5 and L5-S1 is not medically necessary. The patient has a history of chronic low back pain. All of the conservative treatment tried was unsuccessful. The ODG guidelines state that facet blocks are recommended no more than one therapeutic intra-articular lumbar block when facet joint pain is suspected, but not cervical blocks. Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, but not recommend medial branch blocks except as a diagnostic tool. Not recommend a multiple series of facet joint injections. The goal is for the injured worker to have less pain, work towards the option of a neurotomy, and prevent a large-scale fusion surgery. However, the guidelines recommendation is for no more than one set of medial branch block prior to neurotomy. The request for bilateral facet medial branch blocks is not medically supported, since the injured worker had a previous block in 2013. Given the above, the request for an injection bilateral facet medial branch blocks L4-5 and L5 S1 is not medically necessary.