MAXIMUS Federal Services

Case Number:	CM14-0009164		
Date Assigned:	05/28/2014	Date of Injury:	10/02/2012
Decision Date:	07/30/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/21/2014

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 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 29-year-old female who reported an injury on 10/02/2012 by picking up a box of soap from a pallet underestimating the weight of the box that weighed more than 50 pounds. On 12/26/2012, the injured worker underwent an MRI that revealed mild facet hypertrophic changes from L3-4 through L5-S1. On 12/20/2013, the injured worker complained of right-sided low back pain that was constant. It was noted that bending more than 2-3 hours and lying down aggravated her pain. It was noted that the injured worker had pain with repetitive bending, twisting, and lifting motions around the lumbar spine. The physical examination of the lumbar spine revealed normal lumbar lordosis, and she was able to forward flex nearly 90 degrees and extended to around 20 degrees with pain. There was pain with facet loading on the right and negative on the left. There was spasm and guarding present in the right lumbar paravertebral region at the lumbosacral junction. It was noted that the injured worker had chiropractic treatment and physical therapy with no benefit or functional improvement. It was reported that the injured worker had continuous intractable right-sided low back pain, facet loading on the right side as compared to the left, pain in the lumbar spine with standing all constant with facet arthropathy. She denied any radicular pain symptoms. Medications included Ultracet. The injured worker's diagnoses included long-term of medications, spondylosis lumbosacral - L3-S1 facet arthropathy, spondylosis lumbosacral. Treatment plan included for decision for right-sided L2-L5 lumbar facet nerve block with fluoroscopic guidance and IV sedation. The request was submitted on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT-SIDED L2-L5 LUMBAR FACET NERVE BLOCK WITH FLUOROSCOPIC GUIDANCE AND IV SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint diagnostic blocks (injections).

Decision rationale: The request for right-sided L2-L5 lumbar facet nerve block with fluoroscopic guidance and IV sedation is not medically necessary. The Official Disability Guidelines (ODG) recommend a joint right-sided L2-L5 lumbar facet nerve block with fluoroscopic guidance and IV sedation as an option if failed at least 4 to 6 weeks of aggressive conservative therapy. The guidelines 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. Although it is suggested that medial branch blocks and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic medial branch blocks. In addition, the same nerves are tested with the medial branch block as are treated with the neurotomy. The diagnoses included long-term use of medications, spondylosis lumbosacral - L3-S1 facet arthropathy and spondylosis lumbosacral. The document submitted on 12/20/2013 indicated that the injured worker had failed conservative treatment including physical therapy, chiropractic treatment and oral medications; however, there was a lack of documentation indicating the injured worker's VAS measurements and the efficacy of the Ultracet while taking the medication as needed. It was also documented the injured worker was working part-time with modified duties not to lift over 25 pounds. In addition, there was no indication of any home exercise regimen noted for the injured worker. Given the above, the request for the right-sided L2-L5 lumbar facet nerve block with fluoroscopic guidance and IV sedation is not medically necessary.