

Case Number:	CM14-0103379		
Date Assigned:	09/16/2014	Date of Injury:	07/30/2003
Decision Date:	10/15/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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, has a subspecialty in 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:

This is a patient with a date of injury of 7/20/03. A utilization review determination dated 6/20/14 recommends non-certification of bilateral L4-5 and L5-S1 medial branch block and injection of Marcaine and Depo-Medrol into the posterior spinous ligament. 3/25/14 medical report identifies that the patient had a decompression and fusion in 2010. He returned with low back pain and medial branch blocks were performed, which helped for a few days, so radiofrequency ablation was done on 2/12/14. It relieved pain for awhile, but then the pain returned. On examination, "he did not really have pain in the low back but he does have a lot of pain over his left SI joint and he also has some pain in his thoracic pain that I would estimate about T6, 7 or 8." Injection of marcaine and Depo-Medrol into the posterior spinous ligament at that level was said to relieve some of the pain. There was also a recommendation to schedule for a left SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 bilateral L4-L5 and L5-S1 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Within the documentation available for review, it is noted that the patient recently underwent medial branch blocks followed by radiofrequency ablation with only short-term relief. Repeat medial branch blocks are typically not indicated and there is no clear rationale for repeating the procedure after radiofrequency ablation for this patient, especially given that the patient's symptoms and findings do not strongly suggest that the facets are the primary pain generators. In the absence of clarity regarding the above issues, the currently requested lumbar medial branch blocks are not medically necessary.

Prospective request for 1 injection of 4 cc of 0.5% Marcaine and 1 cc of Depo-Medrol into the posterior spinous ligament: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Regarding the request for injection of marcaine and Depo-Medrol into the posterior spinous ligament, CA MTUS and ACOEM state that invasive techniques are of questionable merit. Specific to injection into the posterior spinous ligament, a search of the CA MTUS, ACOEM, ODG, the National Library of Medicine, the National Guideline Clearinghouse, and other online resources failed to reveal any consistent evidence-based support for its efficacy in the management of low back pain. Within the documentation available for review, there is no clear rationale for the use of the procedure despite a lack of evidence-based support for its use in the management of the patient's cited injuries. In the absence of such documentation, the currently requested marcaine and Depo-Medrol into the posterior spinous ligament is not medically necessary.