

Case Number:	CM14-0108892		
Date Assigned:	09/18/2014	Date of Injury:	04/26/1977
Decision Date:	10/16/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/14/2014

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 Occupational Medicine 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 patient is a 66 year old male employee with date of injury of 4/26/1977. A review of the medical records indicates that the patient is undergoing treatment for post laminectomy syndrome of lumbar region, lumbosacral radiculitis, sciatica, and lumbago. Spinal stenosis of lumbar region. Subjective complaints include back pain rating at 5-6/10, which is constant and can increase with a dull radiation into bilateral legs (May 2014). Objective findings include exam on 5/21/2014 reporting lumbar flexion limited to 45; extension limited to 15 due to facet loading pain; straight leg raise is positive bilateral lower extremities at 30. Palpation of bilateral quadratus lumborum and erector spinae muscles revealed spasming and twitching of the muscle bellies with point tenderness at various points. Motor testing is 5-/5 in bilateral lower extremities. Treatment has included spine surgery in 2003 consisting of Discectomy T1-12 and T12-L1; Decompression B L4/5. Patient experienced 70-80% pain relief after (undated) bilateral L5/S1 transforaminal epidural steroid injection on physician's report dated 5/21/2014. Report also noted that ongoing therapy, acupuncture, chiropractic, and home exercises have provided pain relief. However, the patient then requested "alternative and interventional options to alleviate the pain." Medications have included Tizanidine Hydrochloride 4mg 1/day, Neurontin 600mg 4/day, Protonix 40mg1/day, Amlodipine Besylate 2.5mg 1/day, Menzapril Hydrochloride 10mg, and Methadone Hydrochloride 10mg 6/day #180. The utilization review dated 6/9/2014 non-certified the request for Left L4-L5 Sacral Medial Branch Block due to lack of sufficient information regarding previous procedures performed on lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 Sacral Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) : Low Back, Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: MTUS is silent regarding medial branch diagnostic blocks. ODG recommends "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." The medical records indicate that the patient has clinical obvious radicular pain. The ODG does not recommend medial branch blocks to those with evidence of radicular pain. ACOEM "does not recommend Diagnostic Blocks". Similarly, Up to Date states "Facet joint injection and medial branch block -- Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use". As such, the request for Left L4-L5 Sacral Medial Branch Block is not medically necessary at this time.