

Case Number:	CM14-0012004		
Date Assigned:	02/21/2014	Date of Injury:	01/17/2011
Decision Date:	06/26/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/30/2014

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:

The patient is a 66 year old male, DOI 1/20/11. He developed chronic low back pain that has been persistent since the DOI. He has been treated with both physical therapy and judicious use of oral analgesics. There has been a request for facet injections (medical branch blocks with steroids). Both the treating physician and a panel QME have opined that physical findings are consistent with facet mediated pain. No radiculopathy is present and there have been negative electrodiagnostics. A MRI study revealed lower lumbar spondylotic changes without significant central or lateral stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK BILATERAL L4 AND L5 WITH CORTICOSTEROIDS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, SECOND EDITION (2004), CHAPTER 12, 301

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 Acute And Chronic, Facet Injections.

Decision rationale: The prior UR noncertified the request for facet injections stating that there was inadequate clinical support for facet injections. However, there were no specifics in the UR review that stated what was missing and what would be necessary. The primary treating physician and QME both found signs of facet generated pain and both thought that facet interventions may be reasonable. This review concludes that there is adequate support for facet injections, but it is considered not medically necessary based on the specifics of the request. The request is for both medical branch blocks and steroids. Guidelines do not recommend both at a single setting. Medical branch blocks (anesthetic only) are recommended as a diagnostic tool that can lead to a facet neurotomy. Steroids are not utilized for this purpose. Intra-articular injections include steroids and are considered therapeutic, but if successful, guidelines recommend moving on to medical branch blocks and then neurotomies. Facet intervention techniques consistent with guidelines may be reasonable, but the request for both medical branch blocks and steroids is are medically necessary.