

Case Number:	CM14-0013611		
Date Assigned:	02/26/2014	Date of Injury:	11/30/2012
Decision Date:	07/29/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 23-year-old male who has submitted a claim for lumbar disc displacement without myelopathy associated with an industrial injury date of 11/30/2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained of non-radicular back pain, graded 3/10. Physical examination showed tenderness over the right L4, L5, and S1. Myofascial tenderness and trigger points were also noted. Straight leg raise was positive. DTRs and motor strength were normal. Two-point discrimination was decreased at the right L4, L5, and S1. Treatment to date has included medications, injection therapy, chiropractic therapy, epidural steroid injection, and bilateral facet blocks. Utilization review, dated 01/02/2014, denied the request for facet blocks because of lack of specificity regarding the intended procedure (medial branch blocks or facet joint injection) and the levels of injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

FACET BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Diagnostic Blocks (Injections).

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, facet injections are recommended for non-radicular facet mediated pain. In addition, the Official Disability Guidelines state that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks. They should not be performed in patients who have had a previous fusion procedure at the planned injection level, and no more than 2 joint levels should be injected in one session. In this case, patient had non-radicular back pain. The patient previously underwent bilateral lumbar facet blocks at L3-4, L4-5, and L5-S1 on July 16, 2013, with 55-65% pain relief. However, the present request as submitted failed to specify the level and laterality of the intended procedure. The request is incomplete; therefore, the request for facet blocks is not medically necessary.