

Case Number:	CM14-0014563		
Date Assigned:	02/28/2014	Date of Injury:	12/27/2010
Decision Date:	06/27/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/05/2014

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 and is licensed to practice in Texas. 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 62-year-old male who reported an injury on 12/27/2010. The clinical note dated 12/18/2013 indicated the injured worker complained of low back pain. It was noted that the injured worker had some improvement since his last episode and was now at his baseline function. He denied numbness or tingling, or radiculopathy of the lower extremities. The injured worker was noted as working on a home exercise program which included walking on a treadmill. His prescribed medication regimen included Vicodin 3 times a day and Celebrex once a day. Upon the physical examination of the lumbar spine, it was noted that the injured worker had constant back pain which was relieved with rest, lying flat and lying with hips and knees bent. It was noted that activities that aggravated his pain were bending forward, leaning back, sitting, walking, physical activity, and rising out of bed or a chair. His pain level was documented at a 4/10 with the pain described as dull/aching/sharp/stabbing. It was also noted that his sleep was interrupted by pain. The prescribed medications of the injured worker were Vicodin ES 7.5/750 mg tablets, Celebrex 200 mg capsules, and Gabapentin 300 mg capsules. X-rays of the lumbar spine dated 09/2013 revealed multilevel degenerative disc disease from L2 through S1 with better maintained disc space height at L1-2. An MRI of the lumbar spine from 2011 showed multilevel degenerative disc disease at L2 through S1 with a well maintained disc space height and signal at L1-2 with multilevel foraminal narrowing seen without a significant central canal stenosis. The diagnosis was noted as lumbar degenerative disc disease. The treatment plan included a discussion of the injured worker undergoing a past medial branch block at bilateral L3 through S1; however, he was unable to followup after. It was recommended that the injured worker receive 2 medial branch blocks at the same levels bilaterally, L3 to S1. It was noted that if the injections were successful then the injured worker would be a good candidate for a radiofrequency ablation. It was also noted if the injured worker ultimately failed

conservative treatment then there would be a consideration for a surgical intervention. A request for authorization for bilateral L3, L4, L5, S1 medial branch block with fluoroscopy for the diagnosis of lumbar degenerative disc disease was submitted on 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION: BILATERAL L3, L4, L5, S1 MEDIAL BRANCH BLOCK WITH FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Facet joint medial branch blocks (therapeutic injections).

Decision rationale: The ACOEM Guidelines state that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines (ODG) state medial branch blocks are not recommended except as a diagnostic tool. Criteria for the use of medial branch blocks recommend no more than one therapeutic intra-articular block. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 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). No more than 2 joint levels may be blocked at any one time and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In the clinical notes provided for review, it was noted that the injured worker had some improvement since his last episode with a home exercise program to include walking on a treadmill. It was noted that there were no functional or neurological deficits or facet mediated pain per physical exam. It is not indicated within the documentation provided why there would be a recommendation for bilateral medial branch block at this time. Within the documentation provided there was a lack documentation of the injured worker's pain level with or without prescribed medication and the efficacy and duration of the last medial branch block. The Guidelines also state that no more than one medial branch block is recommended. Therefore, the request for bilateral L3, L4, L5, S1 medial branch blocks with fluoroscopy is not medically necessary and appropriate.