

Case Number:	CM14-0015309		
Date Assigned:	02/28/2014	Date of Injury:	08/24/2010
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/06/2014

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 Medicine and is licensed to practice in Minnesota. 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 58-year-old female with an injury reported on 08/24/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/14/2014 reported that the injured worker complained of axial back pain, rated 8/10. Upon physical examination, the injured worker had tenderness to palpation of the bilateral L4-L5 and L5-S1 facet joints. The injured worker's prescribed medication list included Tramadol, Flector patch, and Naproxen. The injured worker's diagnoses included myofascial pain syndrome, lumbar spondylosis, headaches, trochanteric bursitis, and sacroiliac pain. The provider requested one bilateral lumbar medial branch nerve injection at L4-5, L5-S1 levels due to pain symptoms of the low back for over 6 months. The request for authorization was submitted on 02/06/2014. The injured worker's prior treatments included acupuncture, hip 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 LUMBAR MEDIAL BRANCH NERVE INJECTION AT L4-5, L5-S1 LEVELS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Facet Joint Diagnostic Blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: The prospective request for one bilateral lumbar medial branch nerve injection at L4-5, L5-S1 levels is certified. The injured worker complained of axial back pain, rated 8/10. Upon physical examination, the injured worker had tenderness to palpation of the bilateral L4-L5 and L5-S1 facet joints. The CA MTUS/ACOEM guidelines state lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, physical therapy (PT) and NSAIDs) prior to the procedure for at least 4-6 weeks. The provider has listed the injured worker complained of chronic low back pain, with physical presentation consistent with lumbar facet pain. The pain is noted not to be radicular and at no more than two levels bilaterally. The provided reported the injured worker had failed conservative care at least 4-6 weeks prior to procedure. It was noted the injured worker's pain is no more than two facet joint levels, and there is no surgical procedure anticipated. It was noted the injured worker does not have previous fusion procedure at the planned injection level. It was noted the injured worker is reported to have facet tenderness and positive provocative maneuvers. Therefore, the request is medically necessary.