

Case Number:	CM14-0150911		
Date Assigned:	09/19/2014	Date of Injury:	08/11/2003
Decision Date:	12/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/16/2014

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 Family 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 is a 78-year-old male patient who reported an industrial injury to his back on 8/11/2003, over 11 years ago; attributed to the performance of his usual and customary job tasks. A past MRI of the lumbar spine dated 3/31/2009, documented evidence of multilevel disc bulging; spondylosis; spinal stenosis; and hypertrophic facet disease. The patient is been treated with narcotic medications; physical therapy; acupuncture and chiropractic care/CMT. The patient is also received interventional pain management procedures, such as, epidural steroid injections. The patient was noted to be a surgical candidate; however, the patient declined surgical intervention. The patient was being prescribed Kadian, Norco, and Celebrex. The objective findings on examination included tenderness to palpation at the L4-L5 facet region; tenderness to palpation of the lumbar paraspinals; pain with lumbar extension; decreased range of motion of the lumbar spine; antalgic gait; spasm in bilateral lumbar area. The treatment plan was to continue Kadian 20 mg XR b.i.d., Norco 10/35 mg TID, and Celebrex as well as recommendation for lumbar medial branch block at L3-L4 dorsal ramus and L5 bilaterally to relieve his symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block L3-L4 dorsal ramus and L5 right side lumbar spine with sedation:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300,309;174-75;187,Chronic Pain Treatment Guidelines injections Page(s): 54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter--Facet joint blocks and injections; MBB;

Decision rationale: The request for the MMB or facet blocks to lumbar spine L3-L4 dorsal ramus and right L5 is inconsistent with the recommendations of the ACOEM Guidelines, or the ODG for the treatment of this injured worker. The request for a MMB or facet blocks to lumbar spine L3-L4 dorsal ramus and right L5 was ordered in order to provide relief from the reported symptoms instead of for diagnostic purposes. The CA MTUS is silent on the use of facet blocks. There is no objective evidence of facet arthropathy to the lumbar spine based on a MRI. There is no pain documented with extension and rotation. There is no evidence that facet arthropathy is the pain generator for the reported chronic low back pain. There are no documented neurological deficits. There is no documented pain on extension/rotation of the lumbar spine. There are no demonstrated medical necessity median branch blocks to the lumbar spine for the cited diagnoses. There was no demonstrated rationale to support the medical necessity of the requested medial branch blocks or facet blocks for the diagnosis of chronic low back pain. The use of facet blocks and RFA to the lumbar spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The CA MTUS states that facet blocks are "limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for the authorization of diagnostic/therapeutic facet blocks or median branch blocks for chronic lumbar spine pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations are for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial lumbar pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. The ACOEM Guidelines revised 4/07/08 for the lower back recommend: "One diagnostic facet joint injection may be recommended for patients with chronic LBP that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments." There is no demonstrated medical necessity for the requested MMB or facet blocks to lumbar spine L3-L4 dorsal ramus and right L5.

Medial branch block L3-L4 dorsal ramus and L5 left side lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300,309;174-75;187,Chronic Pain Treatment Guidelines injections Page(s): 54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter--Facet joint blocks and injections; MBB;

Decision rationale: The request is inconsistent with the recommendations of the ACOEM Guidelines or the ODG for the treatment of this injured worker. The request for a MMB or facet blocks to lumbar spine L3-L4 dorsal ramus and left L5 was ordered to provide relief from the reported symptoms instead of for diagnostic purposes. The CA MTUS is silent on the use of facet blocks. There is no objective evidence of facet arthropathy to the lumbar spine based on a MRI. There is no pain documented with extension and rotation. There is no evidence that facet arthropathy is the pain generator for the reported chronic low back pain. There are no documented neurological deficits. There is no documented pain on extension/rotation of the lumbar spine. There are no demonstrated medical necessity median branch blocks to the lumbar spine for the cited diagnoses. There was no demonstrated rationale to support the medical necessity of the requested medial branch blocks or facet blocks for the diagnosis of chronic low back pain. The use of facet blocks and RFA to the lumbar spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The CA MTUS states that facet blocks are "limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for the authorization of diagnostic/therapeutic facet blocks or median branch blocks for chronic lumbar spine pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations are for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial lumbar pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. The ACOEM Guidelines revised 4/07/08 for the lower back recommend: "One diagnostic facet joint injection may be recommended for patients with chronic LBP that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments." There is no demonstrated medical necessity for the requested MMB or facet blocks to lumbar spine L3-L4 dorsal ramus and left L5.