

Case Number:	CM14-0154242		
Date Assigned:	09/23/2014	Date of Injury:	05/02/2014
Decision Date:	10/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 and Rehabilitation, Pain 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 injured worker is a 51-year-old male who reported an injury on 05/02/2014. The mechanism of injury was a motor vehicle accident. The diagnoses included ischial bursitis, spinal/lumbar degenerative disc disease, lumbar radiculopathy, lumbar facet syndrome, and spasms of the muscles. The previous treatments included physical therapy, medication, epidural steroid injections, and radiofrequency ablation. The diagnostic testing included an MRI. Within the clinical note dated 09/09/2014, it was reported the injured worker complained of low back pain. He reported his pain level has increased since previous visit. The injured worker reported his activity level has decreased. Upon the physical examination of the lumbar spine, the provider noted the range of motion was restricted with flexion at 40 degrees and limited by pain, and extension at 10 degrees and limited by pain. There was tenderness to palpation of the paravertebral muscles, spasms, tenderness, and tight muscle bands on the left side. It was noted the injured worker had a positive lumbar facet loading on the left side. There was a negative straight leg raise. The request submitted is for a medial branch block. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial Branch Block left L3,L4,L5 & S1: Upheld

Claims Administrator 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- Lumbar and Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Medial Branch Blocks.

Decision rationale: The California MTUS Guidelines state that invasive techniques, such as facet joint injections, are not recommended. In addition, the Official Disability Guidelines note facet joint diagnostic blocks are performed with the anticipation that if successful, treatments may proceed to facet neurotomy at the diagnosed levels. The guidelines note clinical presentation should be consistent with facet joint pain signs and symptoms. The guidelines note one of the diagnostic medial branch blocks is required for the response of greater than 70% relief. The pain response should be approximately 2 hours for lidocaine. The guidelines note medial branch blocks are limited to patients with cervical pain that is nonradicular and no more than 2 levels bilaterally. The guidelines recommend the documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. No more than 2 joints to be injected in 1 session. Diagnostic facet blocks should not be performed in patients with whom surgical procedures are anticipated. There is lack of clinical documentation indicating the injured worker had tried and failed on conservative therapy for at least 4 to 6 weeks. The request submitted exceeds the guidelines recommendations of no more than 2 joint levels to be injected in 1 session. Therefore, the request is not medically necessary.