

Case Number:	CM14-0160095		
Date Assigned:	10/03/2014	Date of Injury:	06/13/2011
Decision Date:	11/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/29/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 41-year-old male who sustained a work related injury on 06/13/2011 as result of pushing a trailer door down with both hands and bent his back. His most recent progress reports identify that he complains of low back pain that is achy, 6/10 in intensity and radiating with tingling to the left lower extremity. Examination identified a decreased lumbar range of motion, a positive straight leg raise, Bowstring's and Patrick's testing. The patient's treatments have included activity adjustment, transcutaneous electric nerve stimulation (TENS) unit use, manipulation and physical medicine, acupuncture and injections. Imaging study(s) includes a Lumbar MRI dated 9/27/2012 that identifies a L3-4 Grade I retrolisthesis, L4-S1 posterior disc bulge. In dispute is a decision for bilateral L4 and L5 diagnostic medial branch block under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 and L5 diagnostic medial branch block under fluoroscopic guidance: 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 Chapter, Facet Joint Diagnostic Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Medial Branch Blocks (therapeutic injections)

Decision rationale: Neither the Official Disability Guidelines nor ACOEM guidelines recommend medial branch blocks except as a diagnostic tool. In addition are the following criteria: Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 7. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. The patient has a planned inter-body spinal fusion surgery. The guidelines do not support the use of this treatment in anyone 'in whom a surgical procedure is anticipated'. Therefore, this request is not medically necessary.