

Case Number:	CM14-0164130		
Date Assigned:	10/08/2014	Date of Injury:	04/16/2008
Decision Date:	11/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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 Texas and Oklahoma. 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 male who reported injury on 04/16/2008. The mechanism of injury was not submitted for this review. The injured worker had an official MRI of the lumbar spine on 03/01/2014 that revealed stenosis and root impingement at L3-S1 bilaterally. The injured worker's treatment history included discectomies, MRI studies, EMG/NCV studies, and medications. The injured worker was evaluated on 07/30/2014 and it was documented that the injured worker complained of increasing lower back and left knee/lower leg pain. He continued to describe weakness in the left leg/knee with episodes of buckling. The injured worker continued to request a Pain Management and Rehabilitation and epidural steroid injection. Physical examination revealed there continue to be muscle spasms present in the lumbar spine. Lumbar range of motion was restricted in the flexion, 30/60 degrees, and extension 0/25 degree. Upper and lower extremity DTRs was 2+. There does not appear to be any motor strength deficits in the lower extremities at this time. There was a positive Tinel's and Durkan's in both the right and left wrists. The injured worker had undergone an EMG/NCV study that revealed mild carpal tunnel syndrome bilaterally. The left knee was tender in the medial compartment. There was no sign of effusion but range of motion was limited in the flexion plane, 130/150 degrees. Diagnoses included S/P ACF C3-7, right shoulder impingement syndrome, left shoulder AC arthritis, advanced, rule out bilateral carpal tunnel syndrome, S/P lumbar micro discectomies, right knee S/P arthroscopic surgery, with probable pseudarthrosis C6-7, with AC arthritis, advanced, right elbow S/P lateral epicondylar release, S/P right trigger finger 3 release, advanced lumbar disc degenerative disease/probable stenosis, with early medial compartment OA. A Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial facet branch block of the 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)

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 & Thoracic. Facet joint intra-articular injections (therapeutic blocks). Facet joint medial branch blocks (therapeutic injections).

Decision rationale: The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines (ODG) state that the criteria use for use of therapeutic intra-articular and medial branch blocks, are as follows: (1) No more than one therapeutic intra-articular block is recommended. (2) There should be no evidence of radicular pain, spinal stenosis, or previous fusion. (3) 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). (4) No more than 2 joint levels may be blocked at any one time. (5) There should be evidence of a formal plan of additional evidence based activity and exercise in addition to the facet joint injection therapy. The documents submitted for review lacked outcome measurements of conservative care such as, physical therapy sessions and home exercise regimen for the injured worker. Per the documentation submitted, the provider noted that the injured worker has radiculopathy on examination and fusion has been suggested. Additionally, a surgeon recommended an extensive lumbar fusion in 04/2014. Moreover, the Official Disability Guidelines (ODG) does not recommend facet joint medial branch blocks except as a diagnostic tool. Minimal evidence for treatment. As such, the request for Medial Facet Branch Block Of The Lumbar Spine is not medically necessary.