

Case Number:	CM14-0169162		
Date Assigned:	10/17/2014	Date of Injury:	03/07/2013
Decision Date:	11/20/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/14/2014

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 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:

Patient is a 62 year old female with a date of injury on 3/7/2013. Diagnoses include chronic lumbar back pain, lumbar spondylosis, multilevel degenerative disk disease, recurrent myofascial strain, and intermittent radicular pain in the legs. Subjective findings are of ongoing back pain that is burning and sharp. Physical exam showed normal motor strength, sensation and reflexes in the lower extremities. There was painful lumbar range of motion and positive facet joint tenderness and facet loading. Prior medial branch blocks were on the right and subsequently on the left on 5/2/14 that gave excellent temporary results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch blocks x1 under fluoroscopy at L3, 4, 5 right side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Treatment Index, 12th Edition (web), 2014, Low Back - Facet Joint Diagnostic Blocks

MAXIMUS 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, Facet Joint Injections

Decision rationale: CA MTUS suggests that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The ODG states that facet joint medial branch blocks are only recommended as a diagnostic tool for consideration of the facet joint as a pain source. The ODG states that diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Treatment requires a diagnosis of facet joint pain. Injections should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, and there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Furthermore, the ODG states that no more than one set of medial branch diagnostic blocks are recommended prior to facet neurotomy. For this patient, prior medial branch blocks had been performed which were successful. Therefore, it would be anticipated that the patient would proceed to a facet neurotomy instead of repeat blocks. Therefore, the medical necessity for medial branch blocks is not established.