

Case Number:	CM14-0020573		
Date Assigned:	05/02/2014	Date of Injury:	08/29/1997
Decision Date:	07/09/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 61 year-old with a date of injury of 08/29/97. A progress report associated with the request for services, dated 01/31/14, identified subjective complaints of low back pain radiating into the legs. Objective findings included tenderness to palpation of the lumbar spine. Motor and sensory function is not described. Facet loading was positive. Diagnoses included lumbar disc disease. Treatment has included a back brace and the patient is wheelchair dependent. He is on oral and topical analgesics. A Utilization Review determination was rendered on 02/07/14 recommendation is not medically necessary for "lumbar bilateral L3, 4, 5 medial branch nerve blocks".

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR BILATERAL L3,4,5 MEDIAL BRANCH NERVE BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that facet-joint injections are not recommended. Also, "Invasive techniques (e.g. local injections and facet joint

injections of cortisone and lidocaine) are of questionable merit." They further state that though there is good quality evidence that radiofrequency neurotomy of facet joint nerves in the cervical region provides good temporary pain relief, the same literature does not exist for the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. The Official Disability Guidelines (ODG) states that facet joint medial branch blocks are recommended as a diagnostic tool prior to facet neurotomy. However, no more than one set of medial branch diagnostic blocks are recommended. Criteria for diagnostic blocks include: One set of diagnostic medial branch blocks is required with a response of > 70%, Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, No more than facet joint levels are injected in one session (3 nerves), There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks, IV sedation may negate the results of a diagnostic block and should only be given in cases of extreme anxiety and the Diagnostic blocks should not be performed in patients who have had a previous fusion at the planned injection level. In this case, the above criteria have not been met. Specifically, there is no documentation of the failure of conservative management or physical therapy. There is no mention of home exercises. Likewise, Rhizotomy of the lumbar region does not have good evidence, thereby reducing the value of a diagnostic block in anticipation of Rhizotomy. Therefore, there is no documentation in the record for the medical necessity of a medial branch block of the lumbar spine.