

Case Number:	CM14-0026301		
Date Assigned:	06/13/2014	Date of Injury:	06/07/2013
Decision Date:	11/14/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational 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:

There were 13 pages provided for this review. The application for independent medical review was signed on March 3, 2014. There was a lumbosacral strain. The request was simply stated as 'facet block injection'. The utilization review was done on January 28, 2014. Per the records provided, the patient was described as a 55-year-old man. The date of injury was June 7, 2013. The mechanism of injury was due to lifting. The diagnoses were chronic low back pain and facet degenerative joint disease. Treatment has included modified duty, chiropractic care, and on November 26, 2013 he was authorized to have a left L4-5 and L5-S1 diagnostic facet block. As of January 6 however the pain was seven out of 10 and it is worsening. He feels he cannot work. There was however 100% improvement for two weeks after the initial facet block, but the pain returned. They plan to repeat the facet block and then possibly refer for radiofrequency ablation after the second block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 and L5-S1 facet block injection: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back under Medical Branch Blocks, Diagnostic

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. It is not clear what kinds of facet blocks these are e.g. intra-articular vs. medial branch facet blocks. The ODG notes: Criteria for the use of diagnostic blocks for facet "mediated" pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 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, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session (see above for medial branch block levels). 5. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 6. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The surgical plans in this claimant are not clear. Moreover, a successful facet injection was already rendered; the next step under the evidence-based protocols is not a repeat injection. The request is not medically necessary.