

Case Number:	CM14-0026889		
Date Assigned:	06/13/2014	Date of Injury:	10/07/2010
Decision Date:	07/16/2014	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 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:

This is a 56-year old female who sustained an industrial injury on October 7, 2010 as result of a slip off of a set of metal steps, landing 6 to 7 steps down the steel stairway. According to the Secondary Treating Physician's Initial Pain Management Evaluation, dated December 12, 2013, the patient has 8/10 constant, shooting low back pain that intermittently radiates down the pack of her right lower extremity to the bottom of her foot. Her back pain is greatly worsened by prolonged stationary positioning (standing) and prolonged walking. She has daily pain in both her knees, her left shoulder and right wrist. The patient utilizes a front-wheeled walker with a seat and ambulates with a slow, antalgic gait. on exam, there is tenderness and guarding in the lumbar paraspinal musculature. The lumbar range of motion is decreased due to the pain, with her pain worsening upon extension and rotation motions. An exam of her bilaterally lower extremities are absent of focal atrophy, tremor fasciculations or ataxia, clonus or spasticity. The sensory, motor, and reflex testing is not documented. An MRI of the lumbar spine dated September 19, 2013 indicated that the patient has a 10-2 mm circumferential disc bulge with a supimposed 3mm central disc protrusion at L5-S1. This, coupled with moderate bilateral facet joint arthropathy is causing mid to moderate bilateral neural foramina narrowing. Additionally, at L4-5 there is a 1mm circumferential disc bulge, with no neuroforaminal narrowing or spinal canal stenosis. The patient has had the benefit of eight (8) sessions of acupuncture and six (6) sessions of pool therapy from September to November of 2012. Her medication regimen for pain as of December 12, 2013 was Norco's 10/325 three (3) times a day, Motrin 800mg three (3) times a day, Neurontin 300mg three (3) times a day, Flexeril 10mg two (2) times a day, and Voltaren 1% gel. No documentation is made as to the effectiveness of the medicinal treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) BILATERAL FACET BLOCK AT L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint diagnostic blocks (injections); Criteria for the use of diagnostic blocks for facet "mediated" pain; and Facet joint pain, signs & symptoms.

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

Decision rationale: The Official Disability Guidelines recommend medial branch blocks, except as a diagnostic tool. The criteria for the use of diagnostic blocks for facet "mediated" pain include: 1. One (1) set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least two (2) hours for Lidocaine; 2. Limited to patients with low-back pain that is non-radicular and at no more than two (2) levels bilaterally; 3. There is documentation of failure of conservative treatment, including home exercise, physical therapy (PT) and non-steroidal anti-inflammatory drugs (NSAIDs) prior to the procedure for at least four to six (4-6) weeks; 4. No more than two (2) facet joint levels are injected in one session; 5. Recommended volume of no more than 0.5 ml of injectate is given to each joint; 6. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated; and 7. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Following the guidelines, the patient has not failed conservative management and is non-radicular. The patient has not exhausted physical medicine (therapy). Based upon the review of the provided medical documentation, the patient does not meet the criteria for the requested procedure. Therefore, the request is not medically necessary.