MAXIMUS Federal Services

Case Number:	CM14-0031070		
Date Assigned:	06/20/2014	Date of Injury:	11/13/2008
Decision Date:	07/22/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/12/2014

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 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:

The injured worker is a 41-year-old male who reported an injury on 11/13/2008. The mechanism of injury was not provided. The clinical note dated 02/11/2013 noted the injured worker presented left groin pain and bilateral low back pain. Upon examination, there was tenderness to palpation of the left groin and lumbar paraspinal muscles overlying the bilateral L3 to S1 facet joints, left hip and lumbar range of motions were restricted by pain in all directions, reflexes were +1 and symmetrical bilaterally in the lower extremities, and motor strength was 5/5 in the lower extremities. Diagnoses were lumbar facet joint pain at L3 to S1, lumbar facet joint arthropathy, left groin pain, left hip labral tear causing left groin pain, left hip internal derangement responsible for left groin pain, central disc protrusion at L4-5 measuring 3 to 4 mm, central disc protrosion at L5-S1 measuring 2 mm, and lumbar degenerative disc disease. Prior treatment included physical therapy, NSAIDs, and conservative treatments. The provider recommended a medial branch block and fluoroscopically-guided diagnostic right L3-4, L3-4 and L5-S1 facet joint. The provider's rationale was to evaluate for the presence of lumbar facet joint pain for the reason for the injured worker's low back pain symptoms. The request for authorization was dated 11/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low back chapter.

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, Facet Joint Medial Block.

Decision rationale: The California MTUS/ACOEM Guidelines state invasive techniques are of questionable merit. The Official Disability Guidelines further state that the criteria for the use of a diagnostic block is limited to injured workers with low back pain that is non-radicular, and no more than 2 levels bilaterally, there is documentation of failure to respond conservative treatment prior to the procedure for at least 4 to 6 weeks, and the use of IV sedation may be grounds to negate the results of a diagnostic block and should only be given in extreme anxiety. The included medical documentation noted tenderness to the lumbar paraspinal muscles overlying the bilateral L3 to S1 facet joints. However, there was a lack of evidence of administering a straight leg raise test and absence of a sensory examination. Additionally the provider's request did not indicate the levels, or the side at which the medial branch block was intended for in the request. As such, the request is not medically necessary and appropriate.

Fluoroscopically guided diagnostic right L3-4 L4-5 L5-S1 Facet Joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

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, Facet Joint Medial Block.

Decision rationale: The California MTUS/ACOEM Guidelines state invasive techniques are of questionable merit. The Official Disability Guidelines further state that the criteria for the use of a diagnostic block is limited to injured workers with low back pain that is non-radicular, and no more than 2 levels bilaterally, there is documentation of failure to respond conservative treatment prior to the procedure for at least 4 to 6 weeks, and the use of IV sedation may be grounds to negate the results of a diagnostic block and should only be given in extreme anxiety. The included medical documentation noted tenderness to the lumbar paraspinal muscles overlying the bilateral L3 to S1 facet joints. However, there was a lack of evidence of administering a straight leg raise test and absence of a sensory examination. The provider's request for a diagnostic block for the L3-4, L4-5, and L5-S1 exceed the recommendations of the guideline recommendation of no more than 2 joint levels to be injected at one time. As such, the request for fluoroscopically-guided diagnostic right L3-4, L4-5, and L5-S1 facet joint is not medically necessary and appropriate.