

Case Number:	CM14-0035032		
Date Assigned:	06/23/2014	Date of Injury:	11/04/2012
Decision Date:	11/06/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

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:

The patient is a 26-year-old female who sustained a work related injury on 11/04/2012 as result of an unknown mechanism of injury. Since then she has complained of lower back pain. Per the most recent [REDACTED] Consultation Report, she has 8/10 lower back pain that travels down both legs that is described as throbbing, sharp, burning and needles feeling that has associated numbness and tingling. The pain is aggravated by prolonged sitting/standing, walking on uneven surfaces, repetitive bending / stooping / kneeling. She also has difficulty falling sleep due to pain, anxiety about losing her job, decreased energy. On physical examination, many Orthopedic tests (Kemp's, Bechterew's (right, not left), Facet and heel walk are positive. Palpation along the lumbar region (distal of L2) reveals slight paraspinal tenderness bilaterally, with moderate tenderness of the facet joints bilaterally. Palpation reveals moderate tenderness at the sacroiliac joints bilaterally, right greater than left. Moderate tenderness of the sciatic nerve bilaterally, right greater than left, is elicited. Lumbar range of motion is appreciably reduced. Neurologically, no appreciable deficits noted upon reflex, motor or sensory testing. In dispute is a decision for Lumbar facet joints block at the medical branch at L3-L4, L4-L5 and L5-S1 bilaterally 1x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet joints block at the medical branch at L3-L4, L4-L5 and L5-S1 bilaterally 1x1: 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 8 Neck and Upper Back Complaints Page(s): 181. 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: Facet joint medial branch blocks (therapeutic injections) Neither the ODG nor ACOEM guidelines recommend medial branch blocks except as a diagnostic tool. In addition are the following criteria: Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 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, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. 7. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. The request is for three level facet joint injections. However, only two levels are authorized by the guidelines. As I am to review requests as written without modification, I unfortunately cannot authorize this request because of the number of levels requested.