MAXIMUS Federal Services

Case Number:	CM14-0035727		
Date Assigned:	06/23/2014	Date of Injury:	10/04/2010
Decision Date:	08/08/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/24/2014

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 61-year-old male who sustained a work related injury to his lower back on 10/4/2010 as result of an unknown mechanism of injury. The patient suffers from lumbar facet arthropathy, lumbosacral spondylosis, lumbar intervertebral disc disease, lumbar strain, lumbago, chronic pain and arthropathy. He reports his pain is worsening, radiating into, but not passed the buttocks bilaterally, is constant, but worse with prolonged standing or walking with his pain at 3/10 on the pain scale. The patient ambulates with a cane and has an antalgic gait. On examination, he exhibits spinal and paraspinal tenderness, as well as tenderness in the bilateral lumbar facets at L4-S1 with normal flexion at the waist. The patient reports pain upon extension at the waist and pain reproduced by performance of bilateral facet loading maneuvers. The patient has no documented neural deficits and negative straight leg rise bilaterally. The patient's current treatment regimen consists of Norflex 100mg, Naprosyn 550mg and Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks bilateral L3-L5: 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) Low back.

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

Decision rationale: Neither the ODG or ACOEM Guidelines recommend medial branch blocks; except as a diagnostic tool. In addition, guidelines list the following criteria for the use of diagnostic blocks for facet mediated pain: One set of diagnostic medial branch blocks is required; Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally; There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; No more than 2 facet joint levels are injected in one session; Recommended volume of no more than 0.5 cc of injectate is given to each joint; Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated; Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The current request is for three levels (L3-5) and the guideline specifies that no more than two levels will be performed in one session. Additionally, the guideline specifies that a response of 70% or greater is required for consideration for a second session. Due to guideline criteria having not been met, the request is not medically necessary.