MAXIMUS Federal Services

Case Number:	CM14-0040438		
Date Assigned:	06/27/2014	Date of Injury:	09/04/2012
Decision Date:	09/08/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records supplied, patient is a 32 year old male with low back pain/injury. The date of injury is 5/10/08 during which the patient was stacking large windows weighing 100 pounds per window and lost his balance and fell off a truck landing on his back on the cement floor and felt immediate back pain. At the time of request for repeat lumbar facet joint block medial branch L3-4 and L4-5, the patient has subjective (low back pain) and objective (lumbar paraspinal and SI joint tenderness to palpation, hyperesthesia of the left lower extremity, positive left straight left raise with positive Fabere test) findings, imaging findings (MRI of the lumbar spine and sacroiliiac joints dated 9/20/13 showing left L4-5 disc protrusion), diagnoses (lumbar disc protrusion and lumbar radiculitis/neuritis,lumbar pain,foraminal stenosis L4/5 bilateral, and lumbar facet syndrome), and treatment to date (epidural steroids x 2, lumbar facet medial branch blocks x 2, medications, physical therapy). According to current evidence, therapeutic facet injection, either intra-articular or medial branch blocks, are not recommended. However, a diagnostic medial branch block(s) confirming a diagnosis of facet related low back pain followed by thermal radiofrequency medial branch neurotomy is supported together with a comprehensive treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar facet joint block at the medial branch at L3-4 and L4-5 bilaterally: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) section Facet Joint Medial Branch Blocks (therapeutic injections).

Decision rationale: Per MTUS-ACOEM and ODG guidelines, serial therapeutic facet injections, either intra-articular or medial branch blocks, are not recommended. However, a diagnostic medial branch block(s) confirming a diagnosis of facet related low back pain followed by thermal radiofrequency medial branch neurotomy is supported together with a comprehensive treatment plan. The request is not medically necessary.