

Case Number:	CM14-0045373		
Date Assigned:	06/27/2014	Date of Injury:	11/19/1999
Decision Date:	08/22/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational Medicine 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 patient is a 71-year-old male who has submitted a claim for low back pain and spinal/lumbar degenerative disc disease associated with an industrial injury date of November 19, 1999. Medical records from 2014 were reviewed. The patient complained of axial low back and left buttock pain. Physical examination showed an antalgic gait assisted by cane; limitation of motion of the lumbar spine; tenderness over the lumbar paravertebral muscles with hypertonicity, spasm, and tight muscle band; bilateral trigger points with a twitch response and radiating pain; bilaterally positive lumbar facet loading; tenderness over the sacroiliac spine; and decreased light touch sensation over the left lateral foot and calf. The diagnoses were low back pain, lumbar degenerative disc disease, and lumbar facet syndrome. The patient has received lumbar medial branch radiofrequency neurotomy at the bilateral L3, L4, L5 and sacral alae on July 1, 2014; and a diagnostic medial branch block of the bilateral L3, L4, L5, and sacral alae on May 21, 2014 with 80% pain relief for 8 hours. He also received TFESI of the left L4 and L5 on September 25, 2013 with 50% reduction in back pain 1 week after the procedure and ongoing pain relief of left leg pain. Other procedures done include: radiofrequency lesioning of the lumbar facet medial branches of the bilateral L3, L4, L5, S1, sacral alae, and bilateral superior lateral S1 on October 22, 2004; bilateral S1 dorsal root ganglion pulsed radiofrequency on July 21, 2004; radiofrequency lesioning of the bilateral S1 dorsal root ganglion on July 23, 2003; bilateral S1 TFSI on July 23, 2003 and March 22, 2002; radiofrequency lesioning of the bilateral L3, L4, L5, S1, and sacral alae median branches, and TFSI of the right S1 on December 14, 2001; and TFSI of the L3-4, L4-5, & L5-S1 facet joints, left L5 and left S1 on September 14, 2001. The procedures were reportedly very helpful in reducing the pain significantly. A progress report on April 25, 2014 stated that moderate pain relief (low back pain level of 8/10 to 4/10) was achieved for up to 2 years. Treatment plan includes request for bilateral medial branch block

at L3, L4, L5, S1, and sacral alae. Treatment to date has included oral and topical analgesics, muscle relaxants, H-wave, lumbosacral TFESIs and radiofrequency ablations, and home exercise program. Utilization review from March 8, 2014 denied the request for 1 bilateral diagnostic medial branch block at the L3, L4, L5, S1, and sacral ala because physical examination findings did not indicate the levels or sides of facet joint tenderness. Also, more than 2 levels of bilateral blocks were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral diagnostic medial branch block at the L3, L4, S1, and sacral ala: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

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 Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG recommends no more than one set of medial branch diagnostic blocks. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Criteria for the use of diagnostic blocks for facet "mediated" pain include: a response of 70% after one set of diagnostic medial branch blocks that last at least 2 hours for Lidocaine; limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally; documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; and no more than 2 facet joint levels are injected in one session. In this case, the patient was diagnosed with lumbar facet syndrome for which medial branch block was contemplated. However, more than two levels for medial branch block were requested. Injection of more than two levels in one session is not supported by the guideline. Moreover, most recent physical examination findings did not specify the lumbar spine levels affected. In addition, there was no objective evidence of failure of conservative treatment such as physical therapy and home exercises in this patient. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for bilateral diagnostic medial branch block at the L3, L4, S1, and sacral ala is not medically necessary.