

Case Number:	CM14-0069315		
Date Assigned:	07/14/2014	Date of Injury:	08/21/2009
Decision Date:	08/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/14/2014

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 Illinois. 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 53-year-old male who reported an unknown injury on 08/21/2009. On 05/07/2014, he presented with low back pain. He rated his pain at 2/10 and described it as sharp. He reported occasional right foot numbness and tingling. The pain was exacerbated by bending, stooping, computer use, driving a car and reaching. On examination, the lumbar spine had no deformity, erythema, soft tissue swelling, ecchymosis, or atrophy. Hypomobility was noted at L4, L5, S1 and the sacroiliac joint. The paraspinal muscles were mildly tender and hypertonic. Lumbar flexion and extension were both 75% of normal. His diagnoses included myalgia and myositis, non-allopathic lesions of the lumbar, pelvic and sacral regions and late effect sprain and strain without tendon injury. It was noted that he had had a medial branch nerve block on 01/10/2014 at L3-4, L4-5, and L5-S1, with 90% to 100% relief. On 04/29/2014, it was noted that the worker reported significant relief of his symptoms at levels L4-5 and L5-S1 with the radiofrequency ablation. Initially, he had 100% relief of his symptoms but was noticing pain at the level above the radiofrequency ablation. The treatment plan and rationale included another medial branch nerve block to be done at L1-2 to L3-4 for consideration of another radiofrequency ablation at L2-3 and L3-4. He was taking no medications at the time of the examination. He had previously been taking Aleve of an unknown dosage, gabapentin 300 mg, ibuprofen of an unknown dosage, Norco 10/325 mg, and Ultram 50 mg, but there is no record of the efficacy of these medications. There was no request for authorization included with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L1-L2, L2-L3, and L3-L4 Medial Branch Nerve Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections).

Decision rationale: The CA MTUS/ACOEM guidelines recommend that invasive techniques, for example, local injections and facet joint injections of cortisone and lidocaine, are of questionable merit. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines do not recommend facet medial branch blocks except as a diagnostic tool, stating that should be no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Minimal evidence is found for treatment. Among the criteria for the use of diagnostic blocks for facet mediated pain, is that there should be documentation of failure of conservative treatment, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels are injected in 1 session. There was no documentation of failed trials of physical therapy, exercise or NSAIDs. Furthermore, the guidelines recommend that no more than 2 facet joint levels are injected in 1 sessions and this request is for 3 levels. Additionally, the injured worker has already undergone medial branch blocks at L3-L4 and the necessity for repeating this level was not provided as guidelines do not support repeating medial branch blocks. Therefore, this request for 1 bilateral L1-2, L2-3, and L3-4 medial branch nerve block is not medically necessary.