

Case Number:	CM14-0070061		
Date Assigned:	07/14/2014	Date of Injury:	02/16/2004
Decision Date:	09/17/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/15/2014

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 Family 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:

This is a year 59 year old male patient who reported an industrial injury to his neck and back on 2/16/2004, over 10 years ago, attributed to the performance of his customary job tasks. The patient was noted to complain of neck pain radiating to the bilateral upper extremities and lower back pain radiating to the bilateral lower extremities. The objective findings on examination included tenderness to palpation in the lower lumbar area with decreased range of motion; asset signs noted to be present bilaterally. The MRI of the lumbar spine was reported to demonstrate disc bulges with annular tear and 4 mm broad-based disc protrusion at L5-S1 without evidence of spinal stenosis or neural foraminal narrowing; to millimeter anterior disc protrusion T12-L1; mild to moderate bilateral facet arthropathy at L4-L5 and L5-S1. The patient was prescribed gabapentin, naproxen, Protonex, and Restone. The diagnoses included chronic pain; lumbar facet arthropathy; lumbar radiculopathy; and medication related dyspepsia. The patient is noted to be not working. The treatment plan included bilateral L4-S1 median branch nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Median 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 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300, 309; 174-175; 187, Chronic Pain Treatment Guidelines injections Page(s): 54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter--Facet joint blocks and injections; MBB;

Decision rationale: The request for the lumbar spine MMB or facet blocks to bilateral lumbar spine L4-S1 is inconsistent with the recommendations of the ACOEM Guidelines or the ODF for the treatment of this injured worker. The CA MTUS is silent on the use of facet blocks. There is no objective evidence of facet arthropathy to the lumbar spine and no documented diagnosis of lumbar spine facet hypertrophy. The patient is noted to have mild to moderate facet hypertrophy consistent with age by the MRI the lumbar spine. There are no documented neurological deficits. There is no documented pain on extension/rotation of the lumbar spine. There is no demonstrated medical necessity for multiple level median branch blocks to the lumbar spine for the cited diagnoses. There was no demonstrated rationale to support the medical necessity of the requested medial branch blocks or facet blocks for the diagnosis of lumbar strain and chronic low back pain. The use of facet blocks and RFA to the lumbar spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The CA MTUS states that facet blocks are "limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for the authorization of diagnostic/therapeutic facet blocks or median branch blocks for chronic lumbar spine pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial lumbar pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. The ACOEM Guidelines revised 4/07/08 for the lower back recommend: "One diagnostic facet joint injection may be recommended for patients with chronic LBP that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments."