

Case Number:	CM14-0078211		
Date Assigned:	07/18/2014	Date of Injury:	04/11/2013
Decision Date:	10/08/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 injured worker is a 56-year-old male with a reported date of injury on 04/11/2013. The mechanism of injury was noted to be a cumulative trauma. His diagnoses were noted to include lumbar disc degeneration and lumbar spondylosis with radiculopathy. His previous treatments were noted to include acupuncture, physical therapy, epidural steroid injection, and medications. The progress note dated 12/17/2013 revealed complaints of pain to the right hip, mid back, and low back. The injured worker complained of pain of the back that radiated down his buttocks and legs. The injured worker rated his pain 7/10 to 8/10 and indicated that he was taking medication. The physical examination revealed intact sensation throughout all dermatomes in the bilateral lower extremities and a negative straight leg raise. The Faber's and Fadir's tests were negative bilaterally as well as the femoral stretch test. The injured worker did have tenderness to palpation over the right L4-5 and L5-S1 facet joints. The provider indicated an MRI of the lumbar spine showed a 2 mm disc bulge with no significant central canal stenosis at L5-S1 as well as mild L4-5 and L5-S1 bilateral facet arthropathy. The provider indicated that the injured worker was not having significant relief with physical therapy and that they felt a right L4-5 and L5-S1 diagnostic facet injection would be beneficial for the injured worker for both diagnostic and therapeutic purposes. The Request for Authorization form was not submitted within the medical records. The request was for facet blocks to the lumbar spine for lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet blocks, Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines Low Back

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, Facet joint medial branch blocks (therapeutic injections).

Decision rationale: The request for facet blocks to the lumbar spine is not medically necessary. The injured worker received a previous facet block in 01/2014. The Official Disability Guidelines do not recommend facet joint medial branch blocks therapeutically except as a diagnostic tool. There is minimal evidence for treatment. A published article stated that there was moderate evidence for the use of lumbar medial branch blocks for the treatment of chronic lumbar spinal pain. This was supported by 1 study. The patients either received a local anesthetic or a local anesthetic with methylprednisolone. All blocks included Sarapin. 60% of patients overall underwent 7 or more procedures over a 2 and a half year study period. There were more procedures reported for the group that received corticosteroids than those that did not. The Guidelines state the use of the blocks is for diagnostic purposes. The Guidelines do not recommend therapeutic facet joint blocks and the documentation failed to provide efficacy of the previous facet block performed. Additionally, the request failed to provide the levels of the facet block to be injected. Therefore, the request is not medically necessary.