

Case Number:	CM14-0081802		
Date Assigned:	07/18/2014	Date of Injury:	12/27/2009
Decision Date:	09/23/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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 Internal Medicine has 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 36-year-old male who was injured on 12/27/09. The mechanism of injury is not described. The injured worker complains of low back pain. The injured worker is diagnosed with lumbar disc disease. The conservative treatment received by this injured worker is not clearly identified in the submitted documentation. It is however noted that the injured worker received a right L4-5 and L5-1 lumbar facet medial nerve block on 04/30/14. Primary Treating Physician's Narrative Reevaluation Report dated 04/30/14 stated the injured worker experienced 100% back pain relief for six hours with the diagnostic lumbar facet block. In this report, the treating physician states "I now recommend the [injured worker] to undergo a confirmatory second set of diagnostic right L4-5, L5-S1 lumbar facet medial nerve block ... using different local anesthetic to prevent 25- 40% false positive response of first block." It is noted a second option would be that of a right L4-5, L5-S1 lumbar facet medial nerve radiofrequency. Physical examination on this date reveals no midline tenderness with right lumbar facet tenderness at L4-5 and L5-S1. Thoracic and lumbar spine movements are noted as painful. This note references an MRI of the lumbar spine of unspecified date, which reportedly reveals a 2mm posterior disc bulge at L4-5 with central canal stenosis and mild facet arthropathy bilaterally. At L5-S1, a disc bulge is noted with central canal stenosis, mild hyperlordosis, mild degenerative disc disease, mild facet arthropathy, and bilateral neuroforaminal stenosis. This report notes the injured worker was declared permanent and stationary on 07/13/11 and is being treated currently based on future medical care. Requests for the confirmatory second facet medial nerve block and a right L4-5 and L5-S1 radiofrequency with a caudal epidural block were submitted on 05/13/14. Utilization review dated 05/15/13 denied the request for the second nerve block and modified the latter request to a Right L4-5 and

L5-S1 lumbar facet medial nerve radiofrequency only. This is an appeal review of both requests as they were initially submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Confirmatory second right L4-5 and L5-S1 lumbar facet medial nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary: Criteria for the use of diagnostic blocks for facet "mediated" pain, Facet joint injections.

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 - Lumbar & Thoracic Chapter, Facet joint diagnostic bocks (injections) section.

Decision rationale: The request for confirmatory second right L4-5 and L5-S1 lumbar facet medial nerve block is not recommended as medically necessary. MTUS and ACOEM do not specifically address this issue. ODG does not support the use of confirmatory blocks and states, "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)". ODG further states, "The use of a confirmatory block has been strongly suggested ... but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself." Submitted medical documentation noted the injured worker experienced complete resolution of lower back pain for 6 hours following the initial block. Based on the clinical information provided, medical necessity of a confirmatory second right L4-5 and L5-S1 lumbar facet medial nerve block is not medically necessary.

Right L4-5 and L5-S1 lumbar facet medial nerve radiofrequency with caudal epidural block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary: Criteria for use of facet joint radiofrequency neurotomy, Inclusion criteria, Criteria for the use of epidural steroid injections.

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, sections on facet joint radiofrequency neurotomy and facet joint pain, signs & symptoms.

Decision rationale: The request for right L4-5 and L5-S1 lumbar facet medial nerve radiofrequency with caudal epidural block is not recommended as medically necessary. MTUS Chronic Pain Medial Treatment Guidelines state epidural steroid

injections are to be used to address radiculopathy. The records submitted for review did not include evidence of an active lumbar radiculopathy. ACOEM states invasive techniques such as injections are of questionable merit. ODG states criteria for the use of facet joint radiofrequency require a diagnosis of facet joint pain. Per ODG, signs and symptoms of facet-mediated pain include the absence of evidence of a radiculopathy. As such, current evidence based guidelines do not support the use of facet joint injections or radiofrequency in conjunction with an epidural steroid injection/caudal epidural block. Based on the submitted documentation and applicable guidelines, medical necessity of right L4-5 and L5-S1 lumbar facet medial nerve radiofrequency with caudal epidural block is not medically necessary.