

Case Number:	CM14-0098583		
Date Assigned:	07/28/2014	Date of Injury:	12/30/1996
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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 and Rehabilitation and is licensed to practice in California and Washington. 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 69-year-old female who reported an injury on 12/30/1996. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar radiculopathy, lumbar spondylosis, and fracture of the patella, degenerative lumbar disc disease, and myositis/fibrosis/myalgia. The previous treatments included medication, epidural steroid injection, and facet blocks. Within the clinical note dated 06/10/2014, it was reported the injured worker complained of lumbar pain. The injured worker described the pain as aching, sharp, stabbing, and constant. The injured worker reported pain radiated down the right leg. She rated her pain at 4/10 in severity with medication and 9/10 in severity without medication. On the physical examination of the lumbar spine, the provider noted the range of motion was abnormal at 30 degrees of flexion and 15 degrees on extension. The injured worker had a positive straight leg raise on the right. The provider indicated the injured worker had normal sensation in the right and left dermatomes at L1-S2. It was indicated the injured worker had tenderness to palpation over the right lumbar paraspinal, tenderness over the thoracic paraspinal, and no tenderness over the facet joints. The provider indicated the injured worker had no tenderness over the SI joint. The provider indicated the injured worker had 80% benefit from previous facet injections. The injured worker underwent facet injections at the time of appointment. The provider requested bilateral L3, L4, and L5 facet medial branch blocks for diagnostic and therapeutic benefits. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4 and L5 Facet Medial Branch Nerve Blocks: 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.

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).

Decision rationale: The injured worker complained of lumbar pain. She described the pain as aching, sharp, stabbing, and constant with pain that radiated down her right leg. She rated her pain 9/10 in severity without medication. The Official Disability Guidelines (ODG) note facet joint diagnostic blocks are performed with anticipation that if successful, treatments may proceed to facet neurotomy at the diagnosed levels. The guidelines note clinical presentation should be consistent with facet joint pain, signs, and symptoms. The guidelines recommend 1 set of diagnostic medial branch blocks is required with the response of greater than 70%. The pain response should be approximately 2 hours for lidocaine. The guidelines note medial branch blocks are limited to patients with cervical pain that is nonradicular and at no more than 2 levels bilaterally. The guidelines recommend the documentation of failure of conservative treatment including home exercise, physical therapy, and Nonsteroidal anti-inflammatory drugs (NSAIDs) prior to the procedure for at least 4 to 6 weeks. Guidelines recommend no more than 2 joint levels to be injected in 1 session. The request submitted for medial branch blocks at L3, L4, and L5 exceed the guideline's recommendations of no more than 2 joint levels bilaterally to be injected in 1 session. The clinical documentation submitted indicated the injured worker failed conservative treatment; however, the length of treatment time was not provided for clinical review. There is lack of documentation indicating facetogenic pain. There is lack of documentation of a negative neurological exam. Therefore, the request is not medically necessary and appropriate.