

Case Number:	CM13-0028012		
Date Assigned:	03/09/2015	Date of Injury:	09/20/1997
Decision Date:	04/06/2015	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 9/20/97. She has reported head, neck and back injury. The diagnoses have included lumbar facet syndrome, lumbar disc herniation, lumbar discogenic pain, neck pain, low back pain and chronic pain. Treatment to date has included medications, injections, rest and Home Exercise Program (HEP). Currently, as per 6/13/13 physician progress note, the injured worker had last been seen on 5/24/13 for lumbar facet blockade which had helped her low back pain but is starting to wear off. The low back pain is 5/10 on pain scale bilaterally, coming back more on the right side. The pain worsens with prolonged standing and walking and improves with sitting and lying down. Physical exam of the lumbar spine revealed palpable spasm which is more on the right than the left side, over the facet joints. Positive straight leg raise causes more low back than lower extremity radiation. The clinical impression was consistent with sacroiliac joint pain and facetal more likely than discal pain plus possible lumbosacral radiculopathy on the left. It was noted that this is a chronic condition with good temporary improvement with facet blocks but unfortunately not long improvement. The physician recommended proceeding with Lumbar medial branch block. On 9/13/13 Utilization Review non-certified a request for Lumbar medial branch block, noting the Official Disability Guidelines (ODG), Facet Joint Diagnostic Blocks were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Diagnostic Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medial branch blocks/facet joint injections.

Decision rationale: The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%; 2. Limited to non- radicular cervical pain and no more than 2 levels bilaterally; 3. Documentation of failure of conservative therapy; 4. No more than 2 joint levels are injected in 1 session; 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Previous facet blocks have not produced a 70% response. Therefore criteria have not been met and the request is not certified.