MAXIMUS Federal Services

Case Number:	CM14-0012719		
Date Assigned:	02/28/2014	Date of Injury:	03/06/2004
Decision Date:	03/06/2015	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/31/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male sustained an injury on March 6, 2004. The mechanism of injury was not included in the provided medical records. In 2004, the injured worker underwent a multilevel lumbar fusion. On December 12, 2012, an MRI revealed bilateral transpedicle screws at L4-L5 and S1. There was no evidence of fracture with multilevel facet arthropathy and grade 1 anterolisthesis due to L3 pars defect with deficits. On January 2, 2014, the treating physician noted moderate lower back pain, which worsens with weather change and movement. The pain improves with heating patch. The pain radiates to the gluteal cheeks. The injured worker tried Gabapentin, but it was not helpful. The physical exam revealed tender external rotation of the back. Diagnoses were lower back pain with multifactorial chronic etiologies in the setting of lumbar fusion with likely primary pain generator facet mediated pain, and compensatory myofascial pain. The physician recommended bilateral L2-L5 medial branch blocks, ultrasound of the kidneys - the MRI had incidental finding of a kidney cyst, home exercises, and anti-epilepsy and pain medications. Current work status is retired. On January 15, 2014, Utilization Review non-certified a prescription for bilateral L2-L5 medial branch block injection x2 requested on January 8, 2014. The medial branch block injections were non-certified based on the guidelines do not recommend the injections as a first line therapy option for lumbar spine disorders and diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection site. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine): Low Back Complaints - Summary of Recommendations for Evaluating and

Managing Low Back Complaints and the Official Disability Guidelines (ODG): Low Back - Facet joint diagnostic blocks (injections) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL MEDIAL BRANCH BLOCK L2-L5 TIMES 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic -Acute & Chronic- Chapter, Facet joint diagnostic blocks -injections

Decision rationale: The patient presents with low back pain rated 6/10 that radiates to the gluteal cheeks. The request is for BILATERAL L2-L5 MEDIAL BRANCH BLOCK INJECTION X2. Per treater report dated 11/21/13, patient is status post "lumbar surgery multilevel fusion done in 2004." MRI on 12/12/13 identified bilateral transpedicle screws at L4-L5 and S1. No evidence of fracture with multilevel facet arthropathy and a grade 1 anterolisthesis due to L3 pars defect with deficits. Patient's medications include Klonopin and Tramadol. Patient's work status has not been provided.ODG Guidelines, Low Back - Lumbar & Thoracic -Acute & Chronic- Chapter, Facet joint diagnostic blocks -injections- Section states: “For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful -initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks-, the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy -if the medial branch block is positive-. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. -Franklin, 2008"Per progress report dated 01/02/14, treater plans "bilateral L2, L3, L4 and L5 medial branch blocks," "to identify facet-mediated pain. Based on the results of the blocks, if the patient is identified as an appropriate candidate, radiofrequency rhizotomy may be beneficial to provide relief." However, ODG states "diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." The patient is status post lumbar fusion at L4 to S1 and the request is for 3 joint levels including the L4-5 facet joint where it is fused. Furthermore, the requested L2 to L5 DMB would cover 3 facet joint levels, and the ODG guidelines only support evaluations at 2 levels. The patient does not meet guideline criteria for medial branch blocks. Therefore, the request IS NOT medically necessary.