

Case Number:	CM14-0190237		
Date Assigned:	11/21/2014	Date of Injury:	08/12/2012
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/13/2014

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. 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:

This 56 year-old patient sustained an injury on 8/12/12 while employed by [REDACTED]. The request(s) under consideration include fluoroscopically guided diagnostic bilateral L3-L4, bilateral L4-L5 and L5-S1 facet joint medial branch block. The diagnoses include thoracic pain/sprain, thoracic/ lumbar intervertebral disc displacement/ lumbar disc bulge/ lumbago/ lumbar sprain; medical history of diabetes mellitus. Conservative care has included medications, physical therapy, facet joint radiofrequency nerve ablation at bilateral L1-2 and L2-3, and modified activities/rest. A report on 10/24/14 from the provider noted the patient with chronic ongoing low back pain s/p previous facet joint RFA on 7/18/14. Exam showed tenderness on palpation at bilateral lumbar paraspinal muscles of L3-4, L4-5, and L5-S1 facet joints; decreased lumbar range limited by pain; positive facet joint maneuvers; pain lumbar range in flex/extension with negative nerve root tension test. The request(s) for fluoroscopically guided diagnostic bilateral L3-L4, bilateral L4-L5 and L5-S1 facet joint medial branch block was non-certified on 11/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic bilateral L3-L4, bilateral L4-L5 and L5-S1 facet joint 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)

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, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

Decision rationale: Per the ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. The patient has had previous lumbar nerve blocks and multiple RFA with recent procedure providing only few weeks relief. Additionally, facet blocks are not recommended in patient who may exhibit radicular symptoms as previously documented. Facet blocks are also not recommended without defined imaging correlation not demonstrated here nor are they recommended over 2 joint levels concurrently as requested in this case. Submitted reports have not demonstrated support outside guidelines criteria. The fluoroscopically guided diagnostic bilateral L3-L4, bilateral L4-L5 and L5-S1 facet joint medial branch block is not medically necessary and appropriate.