MAXIMUS Federal Services

Case Number:	CM14-0193859		
Date Assigned:	12/01/2014	Date of Injury:	09/19/1996
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Pain Medicine 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 48 year old male who reported an injury on 9/19/96. The mechanism of injury was not submitted for clinical review. His medication regimen included Percocet that helps his pain but it is not strong enough to get his pain down when he has a flare up. His diagnoses include failed back surgery syndrome, lumbar degenerative disc disease (DDD) and degenerative joint disease (DJD); bilateral right greater than left knee DJD, non-industrial status post right knee surgery; insomnia and fatigue. The previous treatments include medication, injections, tens unit. On the clinical note dated 9/8/14, it was reported the injured workers condition is unchanged but not satisfactory and he no longer uses an assistive device for ambulation. On the physical examination the provider noted the injured worker had an uncomfortable appearance. The provider noted the injured worker had previously had pain relief with transforaminal epidural steroid injection / medial branch blocks at L5-S1 in the past. A request was submitted for a medial branch block at L5-S1, for pain relief. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at L5-S1: 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), Low Back - Lumbar and Thoracic (Acute & Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial branch blocks

Decision rationale: The request for Medial branch block at L5-S1 is not medically necessary. The California MTUS Guidelines state that invasive techniques such as facet joint injections are not recommended. In addition, Official Disability Guidelines note facet joint diagnostic blocks are performed with the anticipation that if successful, treatments may proceed to a facet neurotomy at the diagnosed level. The guidelines note clinical presentation should be consistent with facet joint pain signs and symptoms. The guidelines note 1 set of diagnostic medial branch blocks is required with a response greater than 70%. The pain relief should be approximately 2 hours for Lidocaine. The guidelines note medial branch blocks are limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. The guidelines recommend the documentation of failure of conservative treatment including home exercise, physical therapy, NSAIDs prior to the procedure for at least 4 to 6 weeks. No more than 2 levels are to be injected in 1 session. Diagnostic facet blocks should not be performed in patients in whom surgical procedures are anticipated. The clinical documentation submitted indicated the injured worker had undergone previous medial branch blocks. However, the documentation failed to indicate the response to the previous treatments. There is lack of documentation indicating the injured worker had greater than a 70% response to the previous injections. Additionally, the request submitted failed to provide the number of injections to be given at the requested level. Therefore, the request is not medically necessary.