

Case Number:	CM14-0196132		
Date Assigned:	12/04/2014	Date of Injury:	03/25/2013
Decision Date:	01/21/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/24/2014

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 Preventive Medicine and is licensed to practice in Iowa. 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 is a 30 year old injured worker with date of injury of 03/25/2013. Medical records indicate the injured worker is undergoing treatment for sprain of lumbar region. Subjective complaints include low back pain rated 5-6/10, described as constant sharp and shooting. Objective findings include tenderness with muscle spasms of the lumbar spine, range of motion of the lumbar spine is shown as flexion 36 degrees, extension 10, right side bending 20, left side bending 18. The injured worker had difficulty performing a heel to toe walk, positive left Fabere/Patrick's test, positive Kemp's bilaterally, positive sacroiliac thrust test, positive Yeoman's on the left and positive Farfan's. An MRI on of lumbar spine 08/30/2014 reveals degenerative changes with disc protrusion resulting in abutment of the exiting left L5 nerve root. Treatment has consisted of physical therapy, chiropractic therapy, home exercise program, acupuncture, hernia repair of the groin, left sacroiliac joint injection, Norco, Fexmid, Neurontin and Tylenol #3. The utilization review determination was rendered on 11/11/2014 recommending non-certification of 1 bilateral L4-S1 medical branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Medical Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Intra-Articular Injections (Therapeutic Blocks); Up to Date, Subacute and Chronic Low Back Pain: Nonsurgical Interventional Treatment

Decision rationale: MTUS is silent regarding medial branch therapeutic blocks. ODG recommends "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. 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 a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." The medical records do not meet the above guidelines with the documented radicular symptoms. ACOEM "does not recommend Diagnostic Blocks". Similarly, Up to Date states "Facet joint injection and medial branch block -- Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use". Medical documentation provided indicates that this injured worker has complained of radicular symptoms in the past, which is a disqualifying criteria. As such, the request for 1 bilateral L4-S1 medial branch blocks is not medically necessary.