

Case Number:	CM14-0199289		
Date Assigned:	12/18/2014	Date of Injury:	03/22/1990
Decision Date:	02/27/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 78 year old male with date of injury 3/22/1990. The treating physician report dated 10/21/14 (68) indicates that the patient presents with pain affecting the low back. The patient complains that the pain is worse on the left side and that the pain is made worse with hyperextension of the back and when he is doing any turning and twisting motion. The physical examination findings reveal the patient has pain with axial loading and lateral tilts towards the left side. The patient experiences increased pain with lateral tilts towards the right side. Prior treatment history includes a spinal cord stimulator, lumbar discectomy (1995), and prescribed medications. Current medications include Kadian, insulin, simvastatin, Amitiza, benazepril, vitamin D, metformin, and nonsteroidal anti-inflammatories. The current diagnoses are: 1. Lumbar facet arthropathy, left sided2. Failed back syndrome3. Diabetic peripheral neuropathy4. Valvular insufficiency on right calf5. Opioid-induced constipationThe utilization review report dated 10/29/14 denied the request for Diagnostic Left Lumbar Facet Medial Branch Block X 3 Levels based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic left lumbar facet medial branch block x 3 levels: 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, Facet Joint Diagnostics Blocks (injections)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint medial branch blocks (therapeutic injections), Facet joint diagnostic blocks (injections).

Decision rationale: The patient presents with pain affecting the low back. The current request is for diagnostic left lumbar facet medial branch block x 3 levels. The treating physician report dated 10/21/14 states, "The patient has a spinal cord stimulator, but it is helping for neuropathic pain not for the facet pain." The physician goes on to request that the patient undergo a medial branch block three-level left-sided for diagnostic purposes, and to increase the Kadian to 120 mg every 8 hours. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding facet joint medial branch blocks, "Not recommended except as a diagnostic tool." The criteria for the use of diagnostic blocks for facet "mediated" pain are as follows: "Clinical presentation should be consistent with facet joint pain, signs & symptoms." 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine.

2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.
3. There is documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4-6 weeks. In this case, the ODG guidelines only support a facet medial branch block at 2 levels bilaterally. The current request for a facet medial branch block at 3 levels exceeds the ODG guidelines. Therefore, this request is not medically necessary.