

Case Number:	CM14-0202241		
Date Assigned:	12/12/2014	Date of Injury:	02/01/2013
Decision Date:	02/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 49-year-old woman who sustained a work-related injury on February 1, 2013. Subsequently, the patient developed low back and left hip pain. MRI of the lumbar spine dated September 8, 2014 showed minimal facet arthropathy. MRI of the left hip dated June 26, 2014 was negative. The patient underwent left L3, L4 medial branch block and left L5 dorsal ramus block on October 7, 2014 and was reported that it was effective for more than 4 hours. Pain level was 7/10 prior to and after more than 4 hours after the injection and was 0-2/10 at 2, 3, and 4 hours post injection. According to the note dated November 13, 2014, the patient continued to complain of pain in the lower back on the left side as well as left hip pain. The patient rated her level of pain as a 6/10. Examination of the left hip revealed some tenderness over the greater trochanteric region. There was crepitus with range of motion. Examination of the lumbar spine revealed decreased range of motion of the lumbar spine secondary to pain. there was positive lumbar tenderness and paraspinous muscle spasming. Sensation was intact over all dermatomes of the lower extremities. Reflexes were 2+ in the knees, hyporeactive in the ankles, bilaterally symmetric. Babinski sign was absent. The patient was diagnosed with lumbar disc degeneration and lumbago. The provider requested authorization for Left L3, L4 medial branch block, and left L5 dorsal ramus block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3, L4 medial branch block, and left L5 dorsal ramus 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), Facet Joint Injections, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According MTUS guidelines, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain". According to ODG guidelines regarding facets injections, "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti , 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial". Furthermore and according to ODG guidelines, "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". In this case, there is no clear evidence that lumbar facets are the main pain generator or evidence of efficacy of previous medial branch block. MTUS guidelines do not recommend more than 2 joint levels to be blocked at any one time. The provider is requesting 3 levels to be injected. Therefore, the request for Left L3, L4 medial branch block, and left L5 dorsal ramus block is not medically necessary.