

Case Number:	CM14-0203418		
Date Assigned:	12/15/2014	Date of Injury:	09/17/2013
Decision Date:	02/11/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/05/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 38 year old male injured worker suffered an industrial accident on 9/17/2013 when he was lifting a fire door of 300 pounds and felt back pain. The details of the initial injury were not included in the medical records provided. Currently the diagnostics revealed the magnetic resonance imaging of the lumbar spine on 6/6/2014 reported multilevel disc protrusion with bilateral lower extremity radiculopathy. The treatments were physical therapy, trigger point injections, lumbar epidural steroid injections, medications, chiropractic therapy, acupuncture therapy and home exercise program. Recent provider visits on 10/23/2014 and 10/29/2014 indicated the injured worker reported pain radiation to the bilateral buttocks and thighs. He reported the epidural steroid injections did give some relief. The exam revealed the injured worker to visibly uncomfortable with an altered gait and decreased range of motion along with spasms and guarding. The UR decision on 10/31/2014 noncertified the request for bilateral medial branch block injections to the L3, L4, L5, S1 levels as the guidelines limited these injections to non-radicular pain. Also the quantity of injections were limited to only 2 levels where as the request was for 3 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block Injections at L3, L4, L5, S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, pages 300-301 and ODG, Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Low back, Topic: Facet joint radiofrequency neurotomy, facet joint diagnostic blocks.

Decision rationale: The California MTUS guidelines indicate there is good quality literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produced mixed results. The ODG guidelines indicate no more than 2 joint levels are to be performed at one time. There should be evidence of a formal plan of additional evidence-based conservative care in addition to the facet joint therapy. One set of diagnostic medial branch blocks is required with a response of equal to or greater than 70%. The pain response should last at least 2 hours for lidocaine. The procedure is limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. The request is for medial branch block injections at L3, L4, L5, and S1 bilaterally. The request is for injection at least 3 levels. Furthermore, there is evidence of radiculopathy on the electrodiagnostic studies and evidence of bilateral foraminal narrowing on the MRI scan indicating radicular pathology. Therefore the medial branch blocks are not indicated per guidelines. Based upon the above, the request for medial branch blocks bilaterally at L3, L4, L5, S1 is not supported by guidelines and as such, the medical necessity is not substantiated.