

Case Number:	CM14-0204011		
Date Assigned:	12/16/2014	Date of Injury:	02/25/2011
Decision Date:	02/04/2015	UR Denial Date:	11/06/2014
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 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:

This 56 year old male continues to complain of worsening and constant low back pain described as heavy, tingling, electric shock and cruel pain that goes down into the feet, and stemming from a work related injury reported on 2/25/2011. Diagnoses include: lumbago; degenerative lumbar/lumbosacral IV disc; lumbosacral disc degeneration; spinal stenosis lumbar region; and lumbosacral/thoracic neuritis/radiculopathy. Treatments have included consultations; lumbar spine MRI (7/31/14); physical therapy (1.5 years prior); TENS unit therapy; and medication management. The Pain Management progress notes, dated 10/21/2014, show the chief complaint to be lower back pain and tingling in feet. Objective findings noted joint pain; numbness; spine pain; light headaches; trouble falling asleep, staying asleep and awakening early in the morning; snoring; and fatigue; financial difficulties were disclosed. Review of the MRI findings was noted to include: multi-level disc disease at lumbar (L) 2-5; multi-level facet arthropathy at L2-5; foraminal spondylosis at L2-4 with narrowing at L2-3; and diffuse disc bulging at L3-4 and L4-5. A body pain map, the previous progress notes and the Oswestry Disability Index (ODI) score were reviewed at this appointment; the ODI score was noted to be 32 - falling into the severe disability range and is noted to be disabled. Also noted is experiencing financial difficulties this injured worker was forced to go to work. In consideration of this injured worker going 17 months between this appointment and his previous, the treatment plan included a series of medial branch blocks with subsequent rhizotomy; starting Neuropathy pain cream; and getting records from the [REDACTED]. It is noted that the injured worker had consulted with a surgeon that resulted in non-approval for surgery; but the type of surgery was not mentioned. On [REDACTED], Utilization Review non-certified, for medical necessity, a request for bilateral lumbar medical branch blocks citing ODG guidelines for diagnostic facet joint blocks of the low back, which recommend this treatment be limited to persons with low back pain but without radicular

symptoms and with no more than 2 levels bilaterally; with documentation of recent failed conservative measures that include physical therapy, a home exercise program and non-steroidal anti-inflammatories 4-6 weeks prior to the procedure; with no more than 2 facet joint levels injected in one session; and that the response should last at least 2 hours for Lidocaine. The reviewer noted that the physical examination was not performed to suggest facet mediated pain and that no recent conservative treatment was rendered. It was also noted that a page was apparently missing from the MRI report, and that the levels to be injected are not documented in the request, and stating that the request for this treatment is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Facet joint diagnostic blocks (injections)

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 block. The diagnosis of radiculopathy or spinal stenosis was not fully excluded in this case. Therefore, the request for Bilateral Lumbar Medial Branch Blocks is not medically necessary.