

Case Number:	CM14-0207016		
Date Assigned:	12/19/2014	Date of Injury:	02/18/2012
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/10/2014

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, has a subspecialty in Occupational 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 patient is a 48 year old employee with date of injury of 2/18/12. Medical records indicate the patient is undergoing treatment for major depressive disorder, mild; chronic pain syndrome; lumbosacral spondylosis without myelopathy; degeneration thoracic/lumbar and lumbar/lumbosacraal intervertebral disc; postlaminectomy syndrome lumbar region; thoracic/lumbosacral neuritis/radiculitis unspecified; acquired spondylolisthesis; congenital spondylolysis lumbosacral region and lumbar sprain/strain. Subjective complaints include pain rated at 7/10 in the low back which radiates to the mid back. Pain is described as constant, burning, aching, deep pressure, cramping, knifelike, tingling, throbbing, electrical, shooting, stabbing and jabbing. It is moderate to severe. Pain is increased with: activity, cold weather, rest, standing, bending, lifting, turning, twisting, application of ice and general movement. He complains of weakness and numbness. He is depressed and anxious. He says the pain does not allow him to sleep at night. Objective findings include exam of neck reveals: tenderness; extension and flexion are normal with pain; right and left rotation are normal without pain; thoracic spine is abnormal, tender bilaterally; lumbar spine is: tender, stiff, limited range of motion; extension and flexion are decreased with pain and left and right rotation are normal with pain. There is tenderness over: the right sacroiliac joint, bilateral lumbar paraspinous muscles, vertebral at the midline cervical and lumbar region and the bilateral lumbar facets. He uses a walker for assistance and has an unsteady gait. Straight leg test is negative bilaterally. The right and left upper and lower extremities are all painless with full range of motion and no gross abnormalities. CT Scan on 7/22/14 showed a mild facet arthropathy uptake at left L4-5. Treatment has consisted of Metformin, Cymbalta, Meloxicam and a referral to a psychologist. He has a lumbar steroid injection on 9/12/14 which provided relief. The utilization review

determination was rendered on 11/14/14 recommending non-certification of bilateral lumbar medial branch block injection at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch block injection at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 diagnostic blocks (injections). Other Medical Treatment Guideline or Medical Evidence: Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment.

Decision rationale: MTUS is silent regarding medial branch diagnostic 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." ACOEM "does not recommend Diagnostic Blocks". 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". The patient has had a previous lumbar epidural steroid injection with no lasting decrease in pain and functional improvement. In addition, the patient had a lumbar fusion at L5-S1 and diagnostic blocks are not recommended by guidelines. As such, the request for bilateral lumbar medial branch block injection at L4-5 and L5-S1 is not medically necessary.