

Case Number:	CM15-0004711		
Date Assigned:	01/16/2015	Date of Injury:	12/04/2002
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/09/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 66 year old male who sustained an industrial injury on 12/4/02. The injured worker reported symptoms in the back and lower extremities. The diagnoses included degeneration of lumbar or lumbosacral intervertebral disc and lumbosacral spondylosis without myelopathy. Treatments to date have included physical therapy, status post bilateral total knee arthroplasties, status post L4-5 fusion, oral pain medications, chiropractic treatment, cortisone injections, home exercise program, and anti-inflammatory medications. Provider documentation dated 12/8/14 noted the injured worker presents with low back pain which will radiate down to the level of her knees. The pain score was rated at 5/10 on a scale of 0 to 10. There was objective finding of tenderness to palpation over the lumbar facet area but negative straight leg raising test. The sensory and motor tests were normal. The treating physician is requesting trial medial branch blocks temporary anesthetizing bilateral L3-4 facet joints. The last set of lumbar facet injections and radio frequency ablations in 2011 and 2012 provided significant pain relief for more than 1 year duration. On 12/17/14, Utilization Review non-certified a request for trial medial branch blocks temporary anesthetizing bilateral L3-4 facet joints. The MTUS / ACOEM Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial medial branch blocks temporary anesthetizing bilateral L3-4 facet joints:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Diagnostic Blocks

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back Pain. Facet Injections

Decision rationale: The CA MTUS did not specifically address median branch blocks lumbar facet injections for the treatment of lumbar facet syndrome. The ODG guidelines recommend that median branch blocks for lumbar facet injections can be utilized for the treatment of non radicular low back pain of facet origin when conservative treatments with medications and PT have failed. The records indicate that the patient have subjective and objective findings of non radicular lumbar facet syndrome. The patient completed conservative treatments with PT and medications. The records indicate that past lumbar facet injections and radio frequency ablation did provide significant pain relief of more than 1 year duration. The criteria for bilateral trial median branch blocks for L3-L4 facet joints was met.