

Case Number:	CM15-0005741		
Date Assigned:	01/20/2015	Date of Injury:	10/06/2011
Decision Date:	03/11/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 57 year old male with a date of injury as 10/06/2011. The current diagnoses include ankle sprain and headache. Previous treatments include medications and physical therapy. Primary treating physician's reports dated 12/24/2013 through 12/31/2014, physical therapy progress notes, and qualified medical examination dated 06/24/2014 were included in the documentation submitted for review. Report dated 12/31/2014 noted that the injured worker presented with complaints that included chronic lumbar pain and left ankle pain, and increased headache, with a current pain level of 6.5 out of 10. Physical examination revealed swelling in the posterior ankle, tenderness in the Achilles tendon, tenderness in the lumbosacral spine with swelling, bilateral muscles spasms, decreased range of motion, neurovascular function not intact, decreased glove like, and positive straight leg raise. Report dated 11/07/2014 notes the request for bilateral L2, L3, L4, and L5 medial branch blocks, but no rationale was provided as to why this was requested. The injured worker is currently not working. The utilization review performed on 12/23/2014 non-certified a prescription for bilateral L2, L3, L4, and L5 medial branch blocks based on medical necessity not being established. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2, L3, L4, and L5 Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Lumbar & Thoracic (Acute & Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation medial branch blocks

Decision rationale: The ACOEM states: 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. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy. 4. No more than 2 joint levels are injected in 1 session. 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. When recommended, no more than 2 joint levels at a time are recommended. The request is in excess of these recommendations and therefore is not certified.