

Case Number:	CM15-0008436		
Date Assigned:	01/26/2015	Date of Injury:	02/24/2014
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/14/2015

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: California

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 59 year old female, who sustained an industrial injury on 02/24/2014. The diagnoses have included lumbosacral strain, facet arthropathy, and lumbar facet syndrome. Treatments to date have included steroid injections, physical therapy, acupuncture, Transcutaneous Electrical Nerve Stimulation Unit, use of a brace, and medications. On 8/5/14 the injured worker underwent left L4-L5 and L5-S1 intra-articular facet injection. On 9/16/14, she reported 80% reduction in pain. She noted that the pain is starting to return. Radiofrequency ablation was recommended; however, was postponed due to new diagnosis of thrombocytopenia. On 12/11/14, the injured worker complained of lower back pain with is made better with the application of heat and sitting or lying down with her knees up. She has been cleared to under go injections. Examination revealed moderate tenderness over the inferior lumbar facet joints and limited range of motion. The treating physician reported significant prolonged benefit from lumbar facet steroid injections. It was noted that if successful, radiofrequency ablation will be followed by the medial branch blocks. Utilization Review determination on 12/22/2014 non-certified the request for Outpatient L4-L5 and L5-S1 Medial Branch Block Injections citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient L4-L5 and L5-S1 medial branch block injections: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatments in Workers Compensation (TWC), 2014 web based edition, CA MTUS Guidelines, web based edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, Facet joint diagnostic blocks (injections), Facet joint medial branch blocks (therapeutic injections), Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: According to the Official Disability Guidelines, diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). According to ODG, criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: No more than one therapeutic intra-articular block is recommended, There should be no evidence of radicular pain, spinal stenosis, or previous fusion, 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). In this case, the injured worker has evidence of facet mediated pain and has undergone intra-articular blocks which resulted in pain relief. The request for medial branch blocks would be supported at this juncture to determine her candidacy for subsequent neurotomy. The request for outpatient L4-L5 and L5-S1 medial branch block injections is medically necessary.