

Case Number:	CM15-0101040		
Date Assigned:	06/03/2015	Date of Injury:	10/02/2013
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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: Preventive Medicine, Occupational Medicine

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 who reported an industrial injury on 10/2/2013. His diagnoses, and/or impressions, are noted to include: thoracic spine herniation with central stenosis (not an accepted body part); axial low back pain; and rule-out bilateral meralgia paresthetica. No current imaging studies are noted. His treatments have included physical therapy (10-11/2014); trigger point injections - helpful; physical therapy - effective; a work conditioning program (with current extension); medication management; and rest from work before returning to modified work duties. The progress notes of 4/15/2015 noted that the recent Medrol Dosepak had completely resolved his low back pain x 1 month, but that it had now returned. The objective findings were noted to include limited lumbar range-of-motion, secondary to pain; an absent left ankle reflex with hypo-reflexion at the right ankle; negative modified straight leg raise; positive facet loading maneuvers on the right; and mobilization of his right lower lumbar facets re-produces his symptoms. Stated was that he was struggling with increasing low back symptoms as he attempted to increase his weights, so the physician's requests for treatments were noted to include putting the work conditioning on hold to consider medial branch block lumbar facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch blocks targeting the right lower lumbar facets: Upheld

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 (ODG), Low Back, Facet joint diagnostic injections.

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

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. The injured worker had an EMG that revealed L4, L5, and S1 radiculopathy as well as lumbar myofascial trigger points. A diagnosis of facet-joint pathology is not supported. This patient has radicular pain, therefore, the request for medial branch blocks targeting the right lower lumbar facets is determined to not be medically necessary.