

Case Number:	CM15-0105370		
Date Assigned:	06/09/2015	Date of Injury:	06/30/2011
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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 36 year old female, a labor and delivery nurse, who sustained an industrial injury on 06/30/2011. Mechanism of injury occurred when breaking down a bed in labor and delivery and she felt low back pain. Diagnoses include lumbar facet syndrome, lumbar disc disorder, chronic pain syndrome, and low back pain. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, chiropractic sessions, and use of a Transcutaneous Electrical Nerve Stimulation unit, H-wave unit, branch blocks, hip bursa injection, and aquatic therapy. Her medications include Cyclobenzaprine, Hydrocodone/Acetaminophen, Advil, Lidoderm patch and Questran. A physician progress note dated 05/07/2015 documents the injured worker complains of low back pain and numbness and tingling down the right leg. She was authorized a branch block but was unable to receive the procedure because she was pregnant, and has since delivered the baby. She rates her pain as a 4-5 out of 10 on the pain scale. Her pain is constant. She has an antalgic gait. She has tenderness to palpation of the paravertebral muscle of the lumbar spine with spasm, and tight muscle band and trigger points on both sides. Spinous process tenderness is noted on L3, L4, L5, and S1. Lumbar facet loading is positive on both sides. Straight leg raising test is positive in the right leg while sitting. Sensation to light touch is intact. Treatment requested is for Lumbar L3-L4, L4-L5, L5-S1 bilaterally medial branch block (L3, L4, L5, and S1).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar L3-L4, L4-L5, L5-S1 bilaterally medial branch block (L3, L4, L5, S1): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low Back (updated 05/15/15): Criteria for the use of diagnostic blocks for facet "mediated" pain.

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 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. In this case, the injured worker has subjective and objective signs and symptoms of radicular pain. Although she has participated in physical therapy, there are no notes available for review to determine if conservative treatments have failed. There is no indication that she is participating in a home exercise program. The request for lumbar L3-L4, L4-L5, L5-S1 bilaterally medial branch block (L3, L4, L5, S1) is determined to not be medically necessary.