

Case Number:	CM15-0106202		
Date Assigned:	06/10/2015	Date of Injury:	01/01/1997
Decision Date:	07/17/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 61 year old female, who sustained an industrial injury on 1/01/1997. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar disc herniation and facet syndrome. Treatment to date has included diagnostics, lumbar spinal surgeries, dorsal rami diagnostic blocks (DRDB) with almost 100% resolution of symptoms for the length of the anesthetic, implying a high likelihood of facet capsular tears at L2, L3 medial branch nerves on 5/07/2013, and medications. Currently (5/11/2015), the injured worker complains of back pain, rated 3/10. Pain was located in the lumbar area, low back, mid back, and bilateral legs. Medication use included Cymbalta, compound medication cream, Doxycycline, Norco, and Simvastatin. Exam noted tenderness across her lumbar spine, with radiation into the paraspinous area of the lumbar and lower thoracic spine, positive straight leg raise with acute exacerbation of her pain symptoms, transient complaints of radicular symptoms to her lower extremities with increased activity, and moderate amount of secondary myofascial pain with joint pain and triggering. Motor and sensory exams were intact. Lumbosacral exam noted pain to palpation over the L2-S1 facet capsules and spinous processes bilaterally and pain with rotational extension. The treatment plan included DRDB for the lumbar spine. Her work status was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Confirmatory Dorsal Rami Diagnostic Blocks (DRDB) lumbar spine qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines facet joint blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar and Thoracic, Facet joint intra-articular injections, Facet joint radiofrequency neurotomy.

Decision rationale: This is a review for the requested confirmatory Dorsal Rami Diagnostic Blocks lumbar spine. Facet joints are innervated by the medial branches of the dorsal rami of the segmental nerves. The medial branch nerves from two adjacent dorsal rami innervate each joint. The L5-S1 is innervated by the L4 medial branch and the L5 dorsal ramus. A radiofrequency neurotomy (A.K.A. facet rhizotomy) is a pain management technique used to treat chronic pain. The procedure is performed using fluoroscopic guidance to place an electrode at the nerve supplying the facet joint, specifically the medial branch of the dorsal ramus of the spinal nerve. Radiofrequency energy is then used to induce injury to the nerve, preventing the painful signal from reaching the brain. According to MTUS guidelines and specifically the Occupational Medicine Practice Guidelines there is evidence to suggest medial nerve branch block provides pain relief in the cervical spine. Unfortunately, there is little evidence to support the use of this procedure in the lumbar region. At most, there are mixed results with lumbar facet neurotomies. According to the ODG, there are many criteria that need to be met prior to performing a lumbar facet neurotomy. According to the ODG, facet joint intra-articular injections are under study and facet joint medial branch blocks are not recommended except as a diagnostic tool. Which has already been performed in this case. The criteria for the use of diagnostic blocks include failure of conservative therapy prior to the procedure for at least 4-6 weeks and a response of at least 70%. It appears this patient did receive relief with a diagnostic block. Once there is a successful diagnostic block there should be a subsequent successful radiofrequency ablation. This should be done according to the guidelines which state that no more than one therapeutic block is recommended and no more than 2 joint levels at one time with evidence of a formal plan without evidence of radicular pain, spinal stenosis or previous fusion. In this case, there is evidence of a prior fusion and there is no indication of level or levels intended for confirmatory block. Therefore, the above listed issue is considered to be not medically necessary.