

Case Number:	CM15-0106314		
Date Assigned:	06/10/2015	Date of Injury:	02/26/2012
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
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

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 31 year old female, who sustained an industrial injury on 06/26/2012. She has reported injury to the low back. The diagnoses have included low back pain; abdominal pain; and status post ventral hernia repair, in 06/2014. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, chiropractic therapy, and physical therapy. Medications have included Ultram ER, Amitriptyline, Lidoderm patch, Flexeril, and Ibuprofen. A progress note from the treating physician, dated 04/27/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain and radiating symptoms into her right lower extremity; the Lidoderm patch does significantly help with the low back pain and leg pain; the TENS unit also help with those areas; she continues to work with modified duty; and she would like to try facet block injections if it would help, and possibly do a radiofrequency ablation for her low back pain. Objective findings included significant tenderness to palpation of the sacroiliac joint area with a positive Yeoman's test with increased sacroiliac joint pain; significant increased pain with deep palpation of the right paraspinal area at L3, L4, L5; and she has taught muscle bands of the left lower trapezius and rhomboid area as well. The treatment plan has included the request for right L3, L4, L5 dorsal medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3, L4, L5 dorsal medial branch block: 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 Low Back Chapter.

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. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. 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. In this case, the injured worker has documented, non- radicular low back pain and has failed with the conservative treatments of medications and exercise. However, the guidelines recommend that no more than 2 joint levels be injected in one session. The request is for 3 levels, therefore, the request for right L3, L4, L5 dorsal medial branch block is not medically necessary.