

Case Number:	CM15-0108011		
Date Assigned:	06/12/2015	Date of Injury:	05/24/2013
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/04/2015

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: North Carolina, Georgia
 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 57 year old female, who sustained an industrial injury on May 24, 2013. She reported hearing a pop and was unable to straighten up when she bent over to empty a mop bucket. The injured worker was diagnosed as having facet arthropathy and lumbar degenerative disc disease. Treatment to date has included MRIs, lumbar epidural steroid injection (ESI), physical therapy, acupuncture, and medication. Currently, the injured worker complains of lower back pain. The Treating Physician's report dated April 30, 2015, noted the injured worker reported her pain worsening, burning, and throbbing, rated a 7/10, currently not taking medications on a consistent basis, taking Tramadol and Anaprox intermittently. The injured worker was noted to be working modified duty. Examination of the lumbosacral spine was noted to show pain to palpation over the paraspinal muscles at L4-L5 and L5-S1, with positive facet loading bilaterally. The treatment plan was noted to include recommendation for a bilateral medial branch nerve block, with the injured worker given Polar Frost.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Nerve Block at Lumbar L4-L5 and L5-S1 (sacroiliac) levels:
 Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter - Facet joint injections, Lumbar.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Radiofrequency Rhizotomy and Facet Joint Diagnostic Block.

Decision rationale: CA MTUS states that facet injections are a category C intervention with limited evidence for use. ODG section on low back includes the following criteria for facet rhizotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block in which a 70 % reduction pain that lasts for at least two hours is obtained. (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at ≥ 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, there is documented facet loading and bilateral medial branch nerve blocks are medically necessary and appropriate.