

Case Number:	CM15-0135031		
Date Assigned:	07/22/2015	Date of Injury:	03/11/2003
Decision Date:	08/19/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 65 year old male who sustained an industrial injury on 3/11/03. The mechanism of injury was unclear. He currently complains of chronic left knee and low back pain. On physical exam there was left knee joint tenderness, positive patellar grind and McMurray's tests, decreased range of motion with knee atrophy; lumbar spine was tender at facet joint with decreased range of motion. He uses a walker for ambulation. He is awaiting a knee replacement but the surgeon wants the injured worker to lose weight. Medications were Norco, Neurontin, Toradol, Opana. Without medication his pain level was 9/10. Diagnoses included lumbago, low back pain; knee pain/ joint leg pain. Treatments to date include medial branch block (5/14/15) which was helpful, with nearly 100% relief of pain for several hours; medications; lumbar epidural steroid injection with 40-50% relief of low back and leg pain. In the progress note dated 5/22/15 the treating provider's plan of care included a request for a second medial branch block injection and then radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch blocks 2 on each side, Qty: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According MTUS guidelines, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain". According to ODG guidelines regarding facets injections, "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Furthermore and according to ODG guidelines, "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection. In this case, the patient did have a medial branch blocks without documentation of objective and significant pain and functional improvement. The diagnosis of a superimposed radiculopathy was not excluded. There should be evidence of a formal plan of additional evidence-based activity and exercise. Therefore, Bilateral medial branch blocks 2 on each side, Qty: 2 is not medically necessary.