MAXIMUS Federal Services

Case Number:	CM15-0136254		
Date Assigned:	07/24/2015	Date of Injury:	01/02/2012
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, California
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:

This is a 58 year old male patient who sustained an industrial/work injury on 1/2/12. The diagnoses include low back pain with features of lumbar stenosis and radiculopathy, lumbar degenerative disk disease, and chronic low back pain. Per the doctor's note dated 7/2/2015, he had low back pain and radiating right leg pain. Per the doctor's note dated 5/21/15, he had complaints of low back pain with radiation to the leg at 6/10. The physical examination revealed tenderness to the paraspinal muscles with no central tenderness, painful extension and rotation, and motor strength at 5/5. The medications list includes flexeril, gabapentin, vicodin and zipsor. He has had lumbar MRI on 7/10/2015 which revealed mild degenerative neural foraminal narrowing at L4-5 and mild spondylosis. He has undergone lumbar fusion on 1/3/2013. He has had physical therapy and chiropractic care for this injury. The requested treatments include bilateral medical branch block injection with fluoroscopy at L3, L4, L4 times two for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medical Branch Block Injection with Fluoroscopy at L3, L4, L4 times two for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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) Chapter: Low Back (updated 07/17/15) Facet joint medial branch blocks (therapeutic injections) Facet joint injections, lumbar Facet joint intra-articular injection.

Decision rationale: Per the cited guidelines "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." Per the ODG low back guidelines Facet joint medial branch blocks (therapeutic injections) are "Not recommended except as a diagnostic tool. Minimal evidence for treatment." Per the cited guidelines, facet joint intra articular injections are "Under study." There is no high grade scientific evidence to support medial branch block for this patient. In addition, regarding facet joint injections, ODG states, "There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Per the cited 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. 4. No more than 2 joint levels may be blocked at any one time." Per the records provided patient had low back pain with radicular symptoms with history of lumbar fusion. The cited guidelines do not recommended medial branch block in patient with radicular pain or history of fusion. Request is also at 3 levels which is more than by the recommended cited criteria. The medical necessity of Bilateral Medical Branch Block Injection with Fluoroscopy at L3, L4, L5 times two for the Lumbar Spine is not fully established for this patient at this juncture.