

Case Number:	CM15-0136856		
Date Assigned:	07/24/2015	Date of Injury:	08/19/2013
Decision Date:	08/28/2015	UR Denial Date:	06/26/2015
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 62-year-old female patient, who sustained an industrial injury on 8/19/13. The diagnoses include myofascial pain syndrome, lumbar spine strain, and left lumbosacral radiculopathy. She sustained the injury while lifting a resident. A note dated 7/27/2015 was not fully legible. Per the note dated 7/27/2015, she had complains of pain in the low back and left buttock. The physical examination revealed lumbar paraspinal spasm, decreased range of motion, negative straight leg raising test and positive left L5 facet maneuver. The medications list includes Flexeril, Neurontin, Voltaren XR, omeprazole and LidoPro ointment. She has had lumbar spine MRI dated 5/7/2014 which revealed facet arthritis at L4-5 and L5-S1, discogenic changes at L2-3 and very small left foraminal protrusion at L4-5; EMG dated 3/19/2015 which revealed chronic L5-S1 radiculopathy, acupuncture and medication. The treating physician requested authorization for outpatient medial branch blocks at the left L3-4, L4-5, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient medial branch blocks at the left L3-4, L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 injections (therapeutic blocks).

Decision rationale: Outpatient medial branch blocks at the left L3-4, L4-5 and L5-S1. 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 in the left lower extremity. The cited guidelines do not recommended medial branch block in patient with radicular pain. Request is also at 3 levels which is more than by the recommended cited criteria. Evidence of facet pathology at L3-4 is not specified in the records provided. The medical necessity of Outpatient medial branch blocks at the left L3-4, L4-5 and L5-S1 is not fully established for this patient at this juncture.