

Case Number:	CM15-0138997		
Date Assigned:	07/28/2015	Date of Injury:	10/20/2009
Decision Date:	08/31/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/17/2015

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: Colorado

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 52 year old female, who sustained an industrial injury on 10/20/09. The injured worker was diagnosed as having lumbar sprain/strains; sacroiliac ligament; thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date has included physical therapy; chiropractic therapy; home exercise program; urine drug screening; and medications. Currently, the PR-2 notes dated 6/2/15 indicated the injured worker complains of low back pain rated at 4/10 describing burning pain going into her buttocks, sciatic-type symptoms with increased pain on extension and lateral bending. She continues to need pain medications. The provider reports she had a MRI of the lumbar spine on 5/26/15. On physical examination, the provider documents she has an antalgic gait to the left and heel-toe walk exacerbates the antalgic gait to the left. The lumbar spine examination notes diffuse tenderness to palpation over the lumbar paravertebral musculature. There is moderate to severe tenderness at the facet L4-S1 level. She has three positive sacroiliac joint orthopedic tests. On palpation of the piriformis, there is referred pain to the posterior gluteus and thighs. The provider reports a MRI lumbar spine 5/26/15 impression showing L5-S1 moderate facet arthropathy with one-millimeter central disc bulge, mild narrowing of the neural foramina bilaterally. At L4-L5, there is mild facet arthropathy and two-millimeter broad-based disc protrusion resulting in abutment of the thecal sac. There is mild central canal narrowing. There is mild facet arthropathy at L4-L5. There is mild facet arthropathy and 2-millimeter disc bulge resulting in effacement of the anterior thecal sac with no neural abutment or central narrowing. The provider is requesting authorization of Bilateral L3 to L5 medial branch block injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3 to L5 medial branch block injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300, 607-608.

Decision rationale: The MTUS Guidelines do not address facet joint injections (of which medial branch block is a type) in any detail. Per the ACOEM, facet joint injections (including medial branch blocks) are described to be of questionable merit. Diagnostic facet joint injections are not recommended for acute, subacute, or chronic low back pain, or non-specific back pain, or any radicular pain syndrome based on a lack of proven efficacy. One study suggests improved range of motion with facet joint injections, but this is not considered enough evidence to justify their use. The Guidelines further state that the only studies of facet joint injections available are small and of low quality so do not establish efficacy. The Guidelines do indicate that a single diagnostic facet injection may be useful to verify the source of patient pain prior to rhizotomy for definitive treatment. For the patient of concern, the orthopedic notes and MRI confirm disc disease and facet arthropathy. Patient's pain and physical findings also support her diagnoses. The Orthopedic notes also indicate that rhizotomy is being considered for patient. Given that the Guidelines do allow for a diagnostic facet joint injection (including medial branch block), and patient has symptoms and findings that may benefit from injection, a diagnostic medial branch block is deemed medically necessary for this patient.