

Case Number:	CM15-0144377		
Date Assigned:	08/05/2015	Date of Injury:	11/26/1999
Decision Date:	09/01/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59 year old male who sustained an industrial injury on 11-26-99. Treatments include medication, spinal cord stimulator and surgery. Progress report dated 2-12-15 reports continued complaints of low back pain. The pain is intermittent, aching, sharp and tingling, rated 10 out of 10 without medication and 4 out of 10 with medication. He also reports muscle aches and joint pain. Diagnoses include: chronic pain and post lumbar laminectomy syndrome. Plan of care includes: continue medications and fix bone stimulator charger or get a new one. Work status: not currently working. Follow up on 3-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3, L4, L5 Medial Branch Block: 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 Chapter, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Low back- Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections).

Decision rationale: Right L3, L4, L5 Medial Branch Block is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that prior to these injections there should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. Furthermore, there should be no more than 2 facet joint levels are injected in one session (see above for medial branch block levels). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The ODG states that therapeutic facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment. The documentation is not clear if this patient has had prior facet blocks at the proposed level and what the outcome was given a work injury in 1999. The documentation is not clear that the patient is to proceed to a facet neurotomy at the proposed level if the blocks are successful. The request for facet blocks is not medically necessary.