

Case Number:	CM15-0192284		
Date Assigned:	10/06/2015	Date of Injury:	08/18/2010
Decision Date:	11/12/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old female, who sustained an industrial injury on 8-18-2010. The injured worker is undergoing treatment for chronic lumbar pain, lumbar degenerative disc disease (DDD), lumbar disc displacement and facet arthropathy. Medical records dated 8-25-2015 indicate the injured worker complains of back pain with radiation to the right lower extremity. She reports prior (8-3-2015) lumbar epidural steroid injection provided relief for "a couple days." Physical exam dated 8-25-2015 notes tenderness to palpation of lumbar area and increased pain on facet loading. Treatment to date has included physical therapy, yoga, Flexeril, Norco, Tizanidine, ibuprofen. The original utilization review dated 9-10-2015 indicates the request for bilateral lumbar medial branch block at L3, L4 and L5 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar MBB's (medial branch block) at L3, L4, L5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute On-line, Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): 5th Edition, 2007 or current year. Low Back-Lumbar & Thoracic (Acute & Chronic) Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Lumbar Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in August 2010 while working as a deputy sheriff when she injured her left knee. She continues to be treated for knee pain and secondary low back pain. In April 2014, there had been satisfactory results after diagnostic lumbar medial branch blocks. Authorization was requested and denied for bilateral radiofrequency ablation. When seen by the requesting provider, she had undergone bilateral lumbar transforaminal epidural injections about three weeks before. She was having mainly axial pain. Physical examination findings included increased pain with facet loading. There was lumbar tenderness including over the facet joints. Straight leg raising was negative. There were no sensory deficits and she was able to ambulate without evidence of weakness. The assessment reviews the claimant's prior response to the diagnostic injections. Repeat injections are requested with reference to consideration of radiofrequency lesioning if a greater than 80% improvement during the anesthetic phase was achieved. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading and has undergone extensive prior conservative treatment. The criteria for a lumbar medial branch block procedure are met. In terms of a second block, although this is not currently being recommended, the rationale for this is related to cost. Given the high cost of medial branch radiofrequency ablation, known rate of false positive diagnostic blocks, and the neuro destructive nature of the ablation procedure, if requested, a confirmatory block procedure should be considered for coverage. Performing an unnecessary radiofrequency ablation treatment not only places the individual at increased risk for nerve injury but also could potentially lead to unnecessary and costly repeat procedures. In this case, the claimant has a reported positive diagnostic response to the injection done previously, now over one year ago. Physical examination findings and complaints support the procedure being requested. A repeat block procedure is considered medically necessary.