

Case Number:	CM15-0199622		
Date Assigned:	10/14/2015	Date of Injury:	07/22/2011
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 8-22-2011. Diagnoses have included cervical sprain and radiculopathy, low back pain, and lumbar facet arthropathy. Unspecified date of previous MRI stated to have found disc bulges at L3-S1, and annular tear at L5-S1. Lumbar arthropathy was found at L3-S1 with grade 1 retrolisthesis of L5-S1. Documented treatment includes chiropractic treatment, Cyclobenzaprine, and Omeprazole. The 8-28-2015 note states she has never had physical therapy. She is reported to have had a differential diagnostic block 7-6-2015 with "good relief," but documentation does not state length of effectiveness or impact on medication use. On 8-28-2015 the injured worker reported worsening low back pain rated 6 out of 10. The objective examination noted tenderness over L3- S1 being worse on the right with positive facet loading at L4-S1. The treating physician's plan of care includes a right L3-4, L4-5, and L5-S1 confirmatory facet block under fluoroscopic guidance. This was denied on 9-24-2015. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4, L4-5 and L5-S1 confirmatory facet block under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Facet Joint Diagnostic Blocks Low Back Chapter, under Facet joint pain, signs & symptoms.

Decision rationale: Based on the 8/28/15 progress report provided by the treating physician, this patient presents with low back pain rated 6/10. The treater has asked for right L3-4, L4-5 AND L5-S1 confirmatory facet block under fluoroscopic guidance on 8/28/15. The request for authorization was not included in provided reports. The patient is s/p prior lumbar facet block from 7/6/15 which gave good relief per 8/28/15 report. The 4/3/15 report requested a right lumbar facet block at level of L4-5, L5-S1 medial branches. The patient had an exacerbation of low back pain which is mostly axial, very little radiation into the legs, mostly on the right to the level of the knee only per 4/3/15 report. The patient is s/p X-rays, MRIs, chiropractic treatment, but no prior physical therapy per 8/28/15 report. The patient is currently taking Flexeril, blood pressure medication, and Prilosec per 8/28/15 report. A lumbar MRI showed disc bulges at L3-4, L4-5, L5-S1 of 3mm, 3mm, and 3.8mm with an annular tear at L5-S1 level per 8/28/15 report. The patient is currently not working as of 8/28/15 report. ACOEM Practice Guidelines, Chapter 12, Low Back complaints, page 300, under Physical Methods states: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." ODG-TWC, Low Back Chapter, under Facet Joint Diagnostic Blocks states: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment - a procedure that is still considered under study. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet mediated pain: "Clinical presentation should be consistent with facet joint pain, signs & symptoms." ODG-TWC, Low Back Chapter, under Facet joint pain, signs & symptoms states: Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research): (1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) Predominate axial low back pain; (3) Absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. The patient presents with non-radicular back pain. Utilization review letter dated 9/24/15 denies request as the patient had a similar injection done in June 2015. It appears the patient underwent a L4-5, L5-S1 medial branch block on 7/6/15 which gave good relief. In the 4/3/15 report, the treater states: if she does have a good response, to be considered for a radiofrequency facet ablation for long term relief. However, ODG guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy. Although there is tenderness over facet regions of L3-4, L4-5, and L5- S1, right > left upon physical exam on 8/28/15, there is no change from the prior exam on 4/3/15. The treater does not explain the necessity for a confirmatory block at L3-4, L4-5, and L5-S1 levels. Due to lack of support from ODG guidelines for a confirmatory block, the request cannot be substantiated. Therefore, the request is not medically necessary.