

Case Number:	CM15-0200335		
Date Assigned:	10/15/2015	Date of Injury:	09/07/2014
Decision Date:	11/25/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old male who sustained an industrial injury on 9-7-2014. The injured worker was being treated for sciatica and lumbar facet arthropathy. Lumbar MRI, dated 10-1-2014, revealed L4-5 (lumbar 4-5) retrolisthesis with 3-4 mm disc bulging, facet joint disease from L3 to S1, and a 4-5 millimeter grade 2 anterior listhesis of L5 over S1. There was a pars defect and compressed S1 nerve root. Per the treating physician, report on 10-13-2015, the injured worker continues to work light duty. Treatment has included physical therapy, massage therapy left lumbar epidural steroid injection (7-13-2015) with 90% pain relief, left L3-S1 facets steroid injection (9-16-2015) with 100% pain relief, work restrictions and medication. Provider progress note on 10-13-2015 indicated ongoing right-sided low back pain, rated 5-7/10. The injured worker reported continued 100% relief of his left-sided low back pain and muscle spasms with the prior left L3-S1 facets steroid injection and continued 90% relief of his left sided radicular pain with the prior left L4-5 ESI. He also reported that Flexeril controlled his flare-ups of muscle spasms which occur about two times a month. The physical exam revealed normal gait, tenderness at the right L3-S1 facets, positive right-sided facet loading, pain with rotation, hyperextension, and flexion, and normal reflex exam. The requested treatments included a right facet injection-medial branch block at L3, L4 and L5 including fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right facet injection/medial branch block L3, L4 and L5 including fluoroscopy. Qty: 1.00:
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), Criteria for use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)/Facet joint diagnostic blocks (injections) & Facet joint medial branch blocks (therapeutic injections) and Other Medical Treatment Guidelines American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: A medial branch block is an injection of steroids and/or anesthetics into the medial branch nerves that supply the facet joints. According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The Official Disability Guidelines (ODG) recommends its use for diagnosis with no more than 2 facet joint levels being injected in one session but noted only minimal evidence for use as a treatment, which it therefore does not recommend. The American Society of Interventional Pain Physicians guidelines note good evidence for lumbar conventional radiofrequency neurotomy, limited evidence for pulsed radiofrequency neurotomy and fair to good evidence for lumbar facet joint nerve blocks. These therapies are recommended after the appropriate diagnosis with controlled diagnostic lumbar facet joint blocks. The MTUS considers nerve root blocks to be the same as epidural steroid injections. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. This patient has had prior left lumbar facet injections with 100% relief of symptoms of left sided symptoms that has lasted over 1 month duration. At this point in the care of this patient right sided medial branch blocks at L3-S1 are a viable option in therapy, however, as noted above by the ODG, this should be limited to 2 facet joint levels at time. Medical necessity for number of facet levels to inject has not been established.