

Case Number:	CM15-0202279		
Date Assigned:	10/19/2015	Date of Injury:	07/07/2004
Decision Date:	11/30/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 59 year old male who sustained an industrial injury on 7-7-2004. A review of the medical records indicates that the injured worker is undergoing treatment for sacroiliitis, lumbar radiculopathy, lumbago and thoracic-lumbosacral neuritis-radiculitis unspecified. According to the progress report dated 9-14-2015, the injured worker complained of chronic, severe low back pain. The physician documented that the injured worker obtained 90% pain relief and functional improvement with decreased medication requirements lasting three weeks from the lumbar facet medial branch block on 8-20-2015. Objective findings (9-14-2015) revealed tenderness to palpation of the thoracic paraspinals, severe, left pretibial tenderness at L4-5 and L5-S1 level which increased with exertion and tenderness to palpation of the lumbar paraspinals. Gait was antalgic. Sensation to pin was decreased at right L4 and L5. Treatment has included surgery, caudal epidural steroid injection, sacroiliac joint injection, lumbar medial branch block and medications. Current medications (9-14-2015) included Norco, Baclofen, Ambien CR, Amitiza, Senna, Amitriptyline and Klonopin. The original Utilization Review (UR) (9-29-2015) denied requests for lumbar medial branch blocks at L4, L5 and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medical branch block L4 Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 section, Medial branch block (MBB).

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar medial branch block L4 #1 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set a diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an nonsteroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. In this case, the injured worker's working diagnoses are sacroiliitis NEC; lumbar radiculopathy; laminectomy lumbosacral; hypertension; lumbago; and thoracic/lumbosacral neuritis/radiculitis unspecified. Date of injury is July 7, 2004. Request for authorization is September 21, 2015. According to the utilization review, the injured worker had a prior lumbar medial branch block and L4 - L5 and L5 - S1 on August 20, 2015. According to a September 14, 2015 progress notes, the injured worker received 90% pain relief for three weeks. There is no documentation of objective functional improvement associated with the prior medial branch block based on three weeks of improvement only. The treating provider is requesting medial branch blocks at three levels. L4, L5 and S1. The guidelines recommend no more than two joint levels be blocked at any one time. Objectively, there is tenderness at the thoracic and lumbar spine level from T12 through S1. The injured worker is ambulatory with an antalgic gait. There is bilateral lumbar spasm. There is decreased strength in the right lower extremity. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, the treating provider's request medial branch blocks at three levels (L4-L5 and S1) and guideline non-recommendations for facet joint injections (of questionable merit), lumbar medial branch block L4 #1 is not medically necessary.

Lumbar medical branch block L5 Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 section, Medial branch block (MBB).

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar medial branch block L5 #1 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections

and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set a diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an nonsteroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. In this case, the injured worker's working diagnoses are sacroiliitis NEC; lumbar radiculopathy; laminectomy lumbosacral; hypertension; lumbago; and thoracic/lumbosacral neuritis/radiculitis unspecified. Date of injury is July 7, 2004. Request for authorization is September 21, 2015. According to the utilization review, the injured worker had a prior lumbar medial branch block and L4-L5 and L5-S1 on August 20, 2015. According to a September 14, 2015 progress notes, the injured worker received 90% pain relief for three weeks. There is no documentation of objective functional improvement associated with the prior medial branch block based on three weeks of improvement only. The treating provider is requesting medial branch blocks at three levels. L4, L5 and S1. The guidelines recommend no more than two joint levels be blocked at any one time. Objectively, there is tenderness at the thoracic and lumbar spine level from T12 through S1. The injured worker is ambulatory with an antalgic gait. There is bilateral lumbar spasm. There is decreased strength in the right lower extremity. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, the treating provider's request medial branch blocks at three levels (L4-L5 and S1) and guideline non-recommendations for facet joint injections (of questionable merit), lumbar medial branch block L5 #1 is not medically necessary.

Lumbar medical branch block S1 Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 section, Medial branch block (MBB).

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar medial branch block S1 #1 is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set a diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an nonsteroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. In this case,

the injured worker's working diagnoses are sacroiliitis NEC; lumbar radiculopathy; laminectomy lumbosacral; hypertension; lumbago; and thoracic/lumbosacral neuritis/radiculitis unspecified. Date of injury is July 7, 2004. Request for authorization is September 21, 2015. According to the utilization review, the injured worker had a prior lumbar medial branch block and L4 - L5 and L5-S1 on August 20, 2015. According to a September 14, 2015 progress notes, the injured worker received 90% pain relief for three weeks. There is no documentation of objective functional improvement associated with the prior medial branch block based on three weeks of improvement only. The treating provider is requesting medial branch blocks at three levels. L4, L5 and S1. The guidelines recommend no more than two joint levels be blocked at any one time. Objectively, there is tenderness at the thoracic and lumbar spine level from T12 through S1. The injured worker is ambulatory with an antalgic gait. There is bilateral lumbar spasm. There is decreased strength in the right lower extremity. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, the treating provider's request medial branch blocks at three levels (L4-L5 and S1) and guideline non-recommendations for facet joint injections (of questionable merit), lumbar medial branch block S1 #1 is not medically necessary.