MAXIMUS Federal Services

Case Number:	CM15-0207985		
Date Assigned:	10/26/2015	Date of Injury:	02/26/2014
Decision Date:	12/15/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/22/2015

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, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

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 61 year old female with a date of injury of February 26, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint sprain and strain. Handwritten medical records dated August 21, 2015 indicate that the injured worker complained of worsening lower back pain with intermittent radiation to the left lower extremity with numbness and tingling. A progress note dated September 23, 2015 documented complaints of increased lower back pain rated at a level of 7 to 8 out of 10. Per the treating physician (September 29, 2015), the employee was temporarily totally disabled. The physical exam dated August 21, 2015 reveals lumbar spine guarding and spasm, positive straight leg raise on the left, increased lower back pain with facet loading, and decreased range of motion of the lumbar spine. The handwritten progress note dated September 29, 2015 documented a physical examination that showed tenderness of the lumbar paravertebral muscles with spasm, and decreased and painful range of motion of the lumbar spine. Portions of the handwritten progress notes were difficult to decipher. Treatment has included lumbar epidural steroid injection and home exercise. The utilization review (October 22, 2015) non-certified a request for bilateral medial branch blocks at L3 through L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3 through L5 Medial Branch Block Injection Innervating the Bilateral L4-L5 and L5-S1 Facet Joints: 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 Low Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Initial Care, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Facet joint injections, Lumbar.

Decision rationale: According to the Occupational Medicine Practice Guidelines, there is some evidence to suggest medial nerve branch block provides pain relief in the cervical spine. Unfortunately there is little evidence to support the use of this procedure in the lumbar region. At most there are mixed results with lumbar facet neurotomies. According to the ODG, facet joint intra-articular injections are under study and facet joint medial branch blocks are not recommended except as a diagnostic tool. There are several criteria recommended for use of these blocks. These criteria include facet tenderness, normal sensory exam, absence of radicular findings, no evidence of radicular pain and no more than two joint levels should be blocked at one time. According to the medical documentation this patient does not meet these criteria. In addition only two levels may be blocked at one time. Therefore, the above listed issue is not medically necessary.