MAXIMUS Federal Services

Case Number:	CM15-0215555		
Date Assigned:	11/05/2015	Date of Injury:	12/11/2012
Decision Date:	12/16/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/02/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 12-11-2012. The medical records indicate that the injured worker is undergoing treatment for L4-5 and L5-S1 2 millimeter disc bulge, L4-5 and L5-S1 bilateral facet arthropathies, mild ligamentous strain of the lumbar spine, muscle spasms of the lumbar spine, and depression. According to the progress report dated 10-14-2015, the injured worker presented with complaints of constant back and lower extremity pain. She describes ache and spasm sensation to the gluteal region and sacral sulcus with burning and pins and needles to the posterior and anterior thigh on the right. On a subjective pain scale, she rates her pain 10 out of 10. The physical examination reveals tenderness over the facet joints and pain with extension and rotation. The current medications are not indicated. Previous diagnostic studies include X-rays (6-4-2014) and MRI of the lumbar spine (2-28-2013). The treating physician describes the MRI as "disc bulges at L4-5 and L5-S1 and had radicular pain." Treatments to date include medication management, Toradol injections, and transforaminal epidural steroid injections. Work status is described as "last worked on 2-14-2013." The original utilization review (10-29-2015) had non-certified a request for lumbar medial branch block for right L3-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch block for right L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet medial branch blocks.

Decision rationale: The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy. 4. No more than 2 joint levels are injected in 1 session. 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria have not been met in the provided clinical documentation as the request is for more than 2 levels. Therefore the request is not medically necessary.