

Case Number:	CM15-0216814		
Date Assigned:	11/06/2015	Date of Injury:	07/22/2014
Decision Date:	12/30/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/03/2015

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 25 year old male, who sustained an industrial injury on 07-22-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar disc herniation with lumbar radiculopathy. Medical records (04-06-2015 to 09-21-2015) indicate ongoing low back pain with radiating pain into the right lower extremity. Pain levels were 5-6 out of 10 on a visual analog scale (VAS). Records also indicate some improvement in function as the IW was previously not working. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 08-24-2015, revealed restricted range of motion in the lumbar spine, and positive FABER sign and thigh thrust on the right. Relevant treatments have included: physical therapy (PT), acupuncture, lumbar epidural steroid injections (06-02-2015 and 09-01-2015), work restrictions, and medications. There were no diagnostic imaging results available for review or findings discussed in the clinical notes. Additionally, pain levels were noted to have increased slightly after the initial lumbar epidural steroid injection. The request for authorization (09-28-2015) shows that the following procedures were requested: bilateral lumbar medial branch blocks at the levels of the L4-L5 and L5-S1. The original utilization review (10-05-2015) non-certified the request for bilateral lumbar medial branch blocks at the levels of the L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Medial Branch blocks at the levels of the L4-L5 and L5-S1: 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, Facet Joint Medial Branch Blocks.

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.

Decision rationale: Based on the 8/24/15 progress report provided by the treating physician, this patient presents with constant low back pain radiating down bilateral legs, right > left with pain rated 6/10. The treater has asked for Bilateral Lumbar Medial Branch blocks at the levels of the L4-L5 and L5-S1 on 9/21/15. The request for authorization was not included in provided reports. The patient's condition has not improved significantly since the last visit per 9/21/15 report. The patient states that the back pain is aggravated by bending or walking per 8/24/15 report. The patient is scheduled for an unspecified injection, and also was authorized recently for work conditioning per 8/24/15 report. The patient is currently not taking any other medication except for Ibuprofen, 3-4 tablets twice a day per 8/24/15 report. The patient is to return to work as of 9/21/15 with restrictions according to the report dated 9/21/15. 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: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.¹¹ Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. The treater does not discuss this request in the reports provided. Review of the reports do not show any evidence of prior medial branch blocks. Utilization review letter dated 10/5/15 denies the request as the treater does not establish medical necessity, and does not specify if the injection is diagnostic or therapeutic. In regards to the request for facet injection at L4-5 and L5-S1, ODG states that medial branch blocks may be considered when there is no radicular pain. However, physical exam on 6/1/15 showed "slightly positive straight leg raise in sitting position at 45 degrees." In addition, the patient has complains of radicular pain in the bilateral lower extremities. In this case, the patient would not meet the criteria set forth by the guidelines for the requested injection. Therefore, the request IS NOT medically necessary.