

Case Number:	CM15-0218732		
Date Assigned:	11/10/2015	Date of Injury:	04/29/2014
Decision Date:	12/22/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/06/2015

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 51 year old male, who sustained an industrial injury on 4-29-2014. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, muscular spasm-strain-myofascial pain, lumbar degenerative joint disease-degenerative disc disease, and lumbar radiculopathy. On 9-30-2015, the injured worker reported neck pain rated with medications 1 on a scale of 1 to 10 and 5.5 without medications with poor quality of sleep and an unchanged activity level. The Primary Treating Physician's report dated 9-30-2015, noted the injured worker "status post cervical facet injection and reports one week of pain relief. He was able to discontinue his pain meds for that one week", with the injured worker's pain returned to baseline. The injured worker's current medications were noted to include Norco, Diltiazem, Metoprolol, Pravastatin, and Terazosin. The physical examination was noted to show cervical facet loading positive bilaterally, and restricted lumbar spine range of motion (ROM) with positive bilateral lumbar spine facet loading and positive Faber test. Light touch sensation was decreased over medial foot on both sides. The Physician noted a lumbar MRI which showed degenerative disc changes at L5-S1. Prior treatments and evaluations have included an 8-21-2014 lumbar spine MRI with the impressions of L5-S1 2mm annular disc bulge with a 3-4mm disc protrusion eccentric towards the right and extending into the proximal aspect of the right L5 nerve root foramen appearing to be an encroachment on the descending right S1 and possibly exiting right L5 nerve root, chiropractic treatments noted to make the injured worker worse, at least 24 sessions of physical therapy, transforaminal bilateral epidural steroid injections (ESIs) at L5-S1 on 2-23-2015 with "excellent relief for 3 week, reports 80% pain

reduction" with pain down to 0 and no pain medication for the week after the procedure, 9-21-2015 lumbar facet joint injections at L5-S1, TENS, and medications including Vicodin, Nucynta, Tramadol, Ibuprofen, Flexeril, Norco, and Lidocaine patches. The Physician noted the injured worker had bilateral L5-S1 facet injections on 9-21-2015 with initial benefit lasting about one week with the treatment plan noted to include a request for medial branch block for axial pain, discontinuation of Nucynta and continued trial of Norco. The injured worker's work status was noted to be no modified duty available so still not working. The request for authorization dated 10-7-2015, requested a medial branch block L5-S1. The Utilization Review (UR) dated 10-21-2015, non-certified the request for a medial branch block L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block L5-S1: 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) medial branch block.

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 patient has radicular pain on exam. Therefore the request is not medically necessary.