

Case Number:	CM15-0219176		
Date Assigned:	11/12/2015	Date of Injury:	12/06/2013
Decision Date:	12/22/2015	UR Denial Date:	10/09/2015
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, Georgia
 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 54 year old female, who sustained an industrial injury on 12-06-2013. The injured worker is being treated for chronic low back pain, lumbar facet arthropathy and lumbar spinal stenosis. Treatment to date has included medications, physical therapy, massage therapy, steroid injection (noted to have shown "some improvement"), chiropractic treatment, acupuncture, and home exercises. Magnetic resonance imaging (MRI) of the lumbar spine dated 1-27-2014 showed prominent levoconvex and levorotatory scoliosis centered at L2-3, degenerative disc disease with multifactorial changes most notable at L2-3 for neural foraminal stenosis on the right and neural foraminal stenosis at L3-4 and left L5-S1. Myelogram of the lumbar spine dated 7-31-2015 was read by the evaluating provider as "modest extradural defects at L2-3 and L3-4, not felt to be surgically significant." Per the SOAP note dated 10-01-2015, the injured worker presented for an initial pain management visit. She reported lower back pain with radiation into both hips and left leg. The pain is better with heat, ice and rest. Objective findings of the lumbar spine included limited range of motion due to pain. Pain radiates down the left leg to the knee. There was numbness, tingling and weakness in the bilateral lower extremities. There was tenderness to palpation over the lumbar paraspinal muscles. Deep palpation induces facet tenderness. The notes from the provider do not document efficacy of the current treatment. Work status was not documented at this visit. The plan of care included, and authorization was requested on 10-02-2015 for bilateral L3-4 and L5-S1 medial branch blocks under fluoroscopic guidance. On 10-09-2015, Utilization Review non-certified the request for bilateral L3-4 and L5-S1 medial branch blocks under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4 and L5-S1 medial branch blocks, under fluoroscopic guidance: Upheld

Claims Administrator 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, Facet joint intra-articular injections (therapeutic blocks).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Rhizotomy and Facet Joint Diagnostic Block.

Decision rationale: CA MTUS states that facet injections are a category C intervention with limited evidence for use. ODG section on low back includes the following criteria for facet rhizotomy: (1) Treatment requires a diagnosis of facet joint pain with no radicular component using a medial branch block in which a 70% reduction pain that lasts for at least two hours is obtained. (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the medical record repeatedly describes the radicular nature of the low back pain, which is a contra-indication for medical branch block. Medial branch block lumbar is not medically necessary.