

Case Number:	CM15-0221096		
Date Assigned:	11/16/2015	Date of Injury:	02/24/2012
Decision Date:	12/29/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/10/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old female, who sustained an industrial injury on 2-24-2012. The injured worker was being treated for lumbar and lumbosacral spondylosis, without myelopathy and without radiculopathy, and left sacroiliac joint arthritis. Treatment to date has included diagnostics, bilateral L4-5 and L5-S1 facet injections 1-25-2015, left total hip arthroplasty 7-21-2015, physical therapy, and medications. On 10-15-2015, the injured worker complains of severe numbness and tingling of her left great toe and weakness of her left leg, noting a history of "low back pain with occasional left leg radiation". Her pain was not rated and she reported that her pain was worsened with sitting, standing, lifting and activities. Medications included Lidoderm, Zorvolex, and Tramadol. Exam of the back noted pain worsened with extension and rotation, as well as palpation of the L4-5 and L5-S1 facet levels, 5 of 5 motor strength, decreased sensation of the left great toe, and positive Patrick's-Faber's on the left. The treating provider noted that lumbar facet injections on 1-25-2015 provided "great relief of her pain for 5 months". Magnetic resonance imaging of the lumbar spine (7-03-2014) showed at L4-L5: mild circumferential disc bulge with superimposed broad-based left foraminal and extra-foraminal disc protrusion, moderate to severe and moderate left facet arthropathy, and right greater than left ligamentum flavum thickening causing mild left neural foraminal narrowing and moderate right eccentric spinal canal stenosis. Thickened right sided ligamentum flavum appears to contact and displace adjacent cauda equine nerve roots, but without significant impingement. Work status was permanent and stationary. A Request for Authorization (10-15-2015) was submitted for diagnostic bilateral L3, L4 and L5 medial branch block. On 10-22-2015

Utilization Review non-certified a request for a diagnostic left and right L3, L4 and L5 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Right L3, L4, L5 Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks) and Other Medical Treatment Guidelines Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment.

Decision rationale: MTUS is silent regarding medial branch diagnostic blocks. ODG recommends Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The medical records do not meet the above guidelines with the documented radicular symptoms. There was a prior block L4-L5 and L5-S1 without documented improvement. ACOEM does not recommend Diagnostic Blocks. Similarly, Up to Date states Facet joint injection and medial branch block Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use. As such, the request is not medically necessary at this time.

Diagnostic Left L3, L4, L5 Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks) and Other Medical Treatment Guidelines Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment.

Decision rationale: MTUS is silent regarding medial branch diagnostic blocks. ODG recommends Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. The medical records do not meet the above guidelines with the documented radicular symptoms. There was a prior block L4-L5 and L5-S1 without documented improvement. ACOEM does not recommend Diagnostic Blocks. Similarly, Up to Date states Facet joint injection and medial branch block Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use. As such, the request is not medically necessary at this time.