

Case Number:	CM15-0047276		
Date Assigned:	03/19/2015	Date of Injury:	02/20/2012
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 28 year old female who sustained an industrial injury on 02/20/2012. Diagnoses include lumbar facet arthropathy with myofascial pain, and lumbar degenerative protruding discs. Treatment to date has included diagnostic studies, medications, chiropractic treatment, acupuncture sessions and physical therapy. A physician progress note dated 02/24/2015 documents the injured worker complains of continued low back pain that radiates down the legs, right worse than left with numbness and tingling into both feet. Her pain is rated a 6 out of 10. Range of motion flexion of the spine revealed end range pain. Lumbar facet compression caused her to report concordant primary pain in the low back referred into the buttock and thighs. The treatment plan is for the facet medial branch blocks under fluoroscopic guidance for their diagnostic and therapeutic value and to determine whether she is a candidate for radiofrequency ablations. Treatment requested is for appeal lumbar facet medial branch blocks, right L3-4, L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appeal lumbar facet medial branch blocks, right L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. 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." ODG continues by stating "Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level" or "whom a surgical procedure is anticipated." 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." Guidelines recommend against the use of these injections if radicular pain is present, medical documentation provided indicate this patient has radiculopathy. As such, the request for Appeal lumbar facet medial branch blocks, right L3-4, L4-5 is not medically necessary.