

Case Number:	CM15-0048246		
Date Assigned:	03/20/2015	Date of Injury:	09/08/2010
Decision Date:	04/24/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/13/2015

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:

This 67 year old male sustained an industrial injury to the left knee via cumulative trauma from 4/1/00 to 9/8/10. The injured worker subsequently developed low back pain. Previous treatment included magnetic resonance imaging, chiropractic therapy, epidural steroid injections and medications. In a pain management follow up evaluation dated 2/18/15, the injured worker complained of lumbar spine pain. The injured worker had received his second bilateral epidural steroid injection on 1/19/15 with 80% improvement. The injured worker reported residual left thigh numbness. Physical exam was remarkable for tenderness to palpation with spasm and muscle guarding over the lumbar spine paraspinal musculature and tenderness to palpation over the lumbar facet joints at L4-S1 with guarding. Current diagnoses included lumbar discopathy, lumbar spine radiculopathy, lumbar facet syndrome and left synovial cyst in the left L5 facet. The treatment plan included bilateral L4 through S1 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L4-S1 Medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. 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." Medical records indicate that the patient had radicular pain up until the recent epidural injection and no prior findings of facet pain. The treating physician has not detailed a trial and failure of conservative treatment since the facet pain started. Guidelines do not recommend medial branch blocks in the lumbar spine. 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 for 1 Bilateral L4-S1 Medial Branch Block is not medically necessary.