

Case Number:	CM15-0053128		
Date Assigned:	03/26/2015	Date of Injury:	06/05/2003
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/20/2015

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 59 year old male sustained an industrial injury to the low back on 6/5/03. Previous treatment included magnetic resonance imaging, epidural steroid injections and medications. In a PR-2 dated 2/18/15, the injured worker complained of low back pain, rated 6/10 on the visual analog scale, with radiation to bilateral hips. The physician noted that an epidural steroid injection on 5/1/14 provided 95% relief for three months; an epidural steroid injection on 8/20/14 was 90% effective for two months and an epidural steroid injection on 12/1/14 was 80% effective. Current diagnoses included low back pain, lumbar spine spondylosis, lumbar radiculitis and lumbar spine stenosis. The treatment plan included lumbar medial branch block at L3, L4, L5 and SA bilaterally as test shots prior to proceeding with LRF L3, 4 ,5 and SA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch block at L3, L4, L5 and sacral ala bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Branch block. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 therapeutic 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." 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 injecting more than two joint levels at one time. As such, the request for Lumbar medial branch block at L3, L4, L5 and sacral ala bilaterally is not medically necessary at this time.