

Case Number:	CM15-0058543		
Date Assigned:	04/03/2015	Date of Injury:	09/15/1999
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/27/2015

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: Texas, California
 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 48 year old male, who sustained an industrial injury on 9/15/1999. He reported injury from lifting a police dog onto a platform and ongoing trauma from wearing his gun belt. The injured worker was diagnosed as having axial low back pain with multilevel facet arthrosis. Lumbar magnetic resonance imaging showed multi-level disc bulging. Treatment to date has included bilateral medial branch blocks to lumbar 4-5, physical therapy and medication management. In a progress note dated 2/23/2015, the injured worker complains of low back pain that radiates to the right buttock and groin. Physical examination of the lumbar spine revealed normal gait, tenderness on palpation and negative SLR, normal sensation, strength and reflexes. The treating physician is requesting right lumbar 3-sacral 1 medial branch blocks under fluoroscopic guidance. The patient had received bilateral L4-L5, L5-S1 medial branch blocks on 4/22/13 with pain relief for few hours. The patient's surgical history include left knee and right shoulder surgery. The medication list includes Aleve and Advair. The patient has had MRI of the lumbar spine on 11/11/2014 that revealed disc bulge with foraminal narrowing, degenerative changes and facet hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-L4, L4-L5, L5-S1 medial branch blocks under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 04/15/15) Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Request: Right L3-L4, L4-L5, L5-S1 medial branch blocks under fluoroscopic guidance. ACOEM/MTUS guideline does not specifically address this issue. Hence ODG was used. Per the ODG low back guidelines medial branch blocks are "Under study." 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 records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. In a progress note dated 2/23/2015, the injured worker complains of low back pain that radiates to the right buttock and groin. The patient has had MRI of the lumbar spine on 11/11/2014 that revealed disc bulge with foraminal narrowing, degenerative changes and facet hypertrophy. There is possibility of radiculopathy and as per the cited guideline there should be no evidence of radicular pain, spinal stenosis, or previous fusion. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The patient had received bilateral L4-L5, L5-S1 medial branch blocks on 4/22/13 with pain relief for few hours. As per cited guideline: "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)." Any evidence of the initial pain relief of 70%, and pain relief of at least 50% for a duration of at least 6 weeks following prior bilateral facet joint injection was not specified in the records provided. In addition, as per cited guideline, no more than 2 joint levels may be blocked at any one time and this is a request for Right L3-L4, L4-L5, L5-S1 medial branch blocks. The medical necessity of the request for Right L3-L4, L4-L5, L5-S1 medial branch blocks under fluoroscopic guidance is not fully established in this patient. Therefore, the request is not medically necessary.