

Case Number:	CM15-0084851		
Date Assigned:	05/07/2015	Date of Injury:	12/02/2013
Decision Date:	06/11/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/04/2015

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: California, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 38 year old male with an industrial injury dated 12/02/2013. The injured worker's diagnoses include low back pain, intervertebral disc degeneration and facet arthropathy. Treatment consisted of MRI of the lumbar spine dated 1/24/2014, electromyography (EMG) / nerve conduction velocity (NCV) dated 10/30/2014, prescribed medications, and periodic follow up visits. In a progress note dated 3/25/2015, the injured worker reported low back pain and bilateral lower extremity pain. The injured worker rated low back pain a 9/10 with associated numbness, pins and needles and stiffness radiating into his bilateral lower extremities. Objective findings revealed tenderness to palpitation of the lumbar region, pain with range of motion, muscle guarding and muscle spasms. The treating physician prescribed services for bilateral L3, L4 & L5 medial branch blocks to block the L4-L5 & L5-S1 facets with c-arm fluoroscopic guidance now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4 & L5 medial branch blocks to block the L4-L5 & L5-S1 facets with c-arm 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), Low Back Chapter, Facet blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Facet Joint injections, Lumbar.

Decision rationale: According to the Occupational Medicine Practice Guidelines there is some evidence to suggest medial nerve branch block provides pain relief in the cervical spine. Unfortunately there is little evidence to support the use of this procedure in the lumbar region. At most there are mixed results with lumbar facet neurotomies. According to the ODG, facet joint intra-articular injections are under study and facet joint medial branch blocks are not recommended except as a diagnostic tool. There are several criteria recommended for use of these blocks. These criteria include facet tenderness, normal sensory exam, absence of radicular findings, no evidence of radicular pain and no more than two joint levels should be blocked at one time. The medical record indicates there are subjective reports of radicular pain. Also, it appears the patient did receive a lumbar epidural injection in 2014. It is unclear if this was a diagnostic or a therapeutic block. There is no medical evidence or documentation to suggest this patient gained improvement in pain or functional status after this block in 2014. In addition only two levels should be blocked at one time. Therefore, the above listed issue is considered to be not medically necessary.