

Case Number:	CM15-0088346		
Date Assigned:	05/12/2015	Date of Injury:	08/02/2013
Decision Date:	09/01/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old male who sustained an industrial injury on 8/2/13. Diagnoses include lumbar degenerative disc disease, lumbosacral radiculopathy and facet-mediated low back pain. Comorbid conditions include diabetes. Work status is total temporary disability. Prior diagnostic studies included lumbar spine MRI-2013 which showed multilevel degenerative changes and electromyography-nerve conduction studies-2013. Treatment to date has included lumbar epidural steroid injection, intra-articular facet injections (5/28/14 and 1/14/15 - the latter of which gave 80-90% improvement in pain which lasted about 2 months), physical therapy, chiropractic treatment, and medication. The provider's progress note dated 7/16/15 reported the injured worked continued to have back pain worse with sitting for long time periods. Exam showed lumbar paraspinal and facet tenderness bilaterally with restricted range of motion and normal reflex and sensory exams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, and L5 medial branch blocks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-9, 300-1, 309-10, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs) Page(s): 39-40, 46. Decision based on Non-MTUS Citation American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: A medial branch block is an injection of steroids and/or anesthetics into the medial branch nerves that supply the facet joints. According to ACOEM, facet blocks and diagnostic blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend the blocks for lumbar complaints. The American Society of Interventional Pain Physicians guidelines, however, note good evidence for lumbar conventional radiofrequency neurotomy, limited evidence for pulsed radiofrequency neurotomy and fair to good evidence for lumbar facet joint nerve blocks. These therapies are recommended after the appropriate diagnosis with controlled diagnostic lumbar facet joint blocks. The MTUS considers nerve root blocks to be the same as epidural steroid injections. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. This patient has had a prior lumbar facet injection with 80% relief of symptoms for about 2 months duration. At this point in the care of this patient a medical branch block is a viable option in therapy as noted above. Medical necessity for this procedure has been established.