

Case Number:	CM15-0233077		
Date Assigned:	12/08/2015	Date of Injury:	06/11/2008
Decision Date:	01/19/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	11/30/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 6-11-08. A review of the medical records indicates that the worker is undergoing treatment for lumbar facet syndrome, status post medial branch nerve injection, and lumbar spondylosis. Subjective complaints (10-15-15) include chronic low back pain rated at 6 out of 10. Pain increases with sitting. Objective findings (10-15-15) include a positive compression test at bilateral L4 and L5, straight leg raise is negative bilaterally, and pain with extension over 5 degrees. Lumbar range of motion is reported in degrees as flexion: 60, extension: 5, right lateral: 10 and left lateral: 5. Work status was noted as full duty, full time. Previous treatment includes bilateral L4-L5 and bilateral L5-S1 medial branch nerve injection (10-20-14) with reported 75-80% relief, good relief for 6 months. The treatment plan includes bilateral L4, L5, S1 medial branch nerve injection under fluoroscopic guidance x1, continue the home exercise program, and re-evaluate in one month. A request for authorization is dated 11-2-15. The requested treatment of repeat bilateral L4, L5, and S1 medial branch nerve injections x1 was non-certified on 11-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Repeat) Bilateral L4, L5 and S1 medial branch nerve injections x 1: 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 - Radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. 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." The medical records do not meet the above guidelines with the documented radicular symptoms. 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". The medical records state that the worker has received injections on 10/20/14 and 06/02/15. It is unclear what sort of response the patient had from the 6/2/15 injection in regards to improvement or duration of improvement. As such, the request for (Repeat) Bilateral L4, L5 and S1 medial branch nerve injection x 1 is not medically necessary at this time.