

Case Number:	CM14-0117049		
Date Assigned:	08/06/2014	Date of Injury:	03/04/2009
Decision Date:	10/17/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year old male who sustained an injury on 03/4/09. On 6/12/04, he presented with right shoulder pain and lower back pain that radiated to his right lower extremity and numbness in his right foot. An examination revealed tenderness and pain in the bilateral sacroiliac joint area with limited range of motion of the lumbar spine in flexion and extension. This was due to pain, tightness and stiffness. He had tenderness over the lumbar spinous processes and interspaces from L1-S1. It was significant at L1-L3. He had tenderness over the facet joints from L1-S1 bilaterally with a positive provocation test. He had tightness, tenderness and trigger points in the bilateral lumbar paravertebral, quadratus lumborum, gluteus medius, gluteus maximus, and piriformis muscles bilaterally. A sensory test revealed decreased sensation to touch at the right L4, L5 and S1 nerve root distribution. Magnetic resonance imaging documented L1-2 mild hypertrophic facet disease, mild left foraminal narrowing, L2-3 mild hypertrophic facet disease, slight bilateral frontal encroachment, and L3-4 moderate stenosis. He is currently on oxycodone, Zantac, Soma, Xanax, Temazepam, Theramine, GABA done, Lescol, Lisinopril, and Lomotil. He is status post medial branch blocks at L3, L4 and L5 from June 2014. These showed an overall improvement of 75-80 percent for about 12 to 18 hours. He received bilateral facet joint injections at L3-S1 in November 2013 with good relief for the first couple of weeks but then the pain started to return. His diagnoses include: Thoracic/lumbosacral neuritis/radiculitis; lumbago; pain in shoulder joint; sacroilitis; osteoarthritis, shoulder region; unspecified myalgia; and myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Nerve Block L3-L4 and L4-L5 64622 x 2, 64623 x 4: Upheld

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 Intra-Articular Injections)

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, Facet Blocks

Decision rationale: According to the Official Disability Guidelines, facet joint therapeutic steroid injections are not recommended. The criteria for the use of therapeutic intraarticular and medial branch blocks if used states: There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 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), When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the medical records document the radicular pain. Also, it appears that more than two levels are requested (64622 x 2, 64623 x 4). There is no imaging evidence of lumbar facet arthritis at all the requested levels. Furthermore, the injured worker has had multilevel facet blocks and medial branch blocks afterwards. Subsequent neurotomy should be considered if necessary instead of repeating the injections. The injured worker does not meet the above criteria. Therefore, the request is not medically necessary.