

Case Number:	CM14-0134220		
Date Assigned:	08/25/2014	Date of Injury:	08/27/2012
Decision Date:	10/24/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/19/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 53-year-old male with a reported injury on 08/27/2012. The mechanism of injury was a trip and fall with boards landing on him. The injured worker's previous treatments included medications, chiropractic care, acupuncture, a psychiatric evaluation and treatment, lumbar epidural steroid injections which the injured worker reported were not helpful, a TENS unit, and a home exercise program. The injured worker's diagnostic testing included x-rays in 08/2012 and a lumbar spine MRI on 06/10/2013, which revealed a 3 mm disc protrusion to the right at L4-5. The injured worker's surgical history included an abdominal hernia repair in 2008 or 2009. The injured worker was evaluated on 06/19/2014 for persistent low back pain that the injured worker rated at 7/10 to 8/10, and decreased to 5/10 with medication. The injured worker also reported leg pain that he rated 4/10 to 5/10, which decreased to 3/10 with medication. The injured worker reported that the majority of his pain was localized on the right side. He also complained of radiating symptoms down the right lower extremity which was constant. The clinician observed and reported a focused examination finding tenderness locally on the right lumbar spine over the L3, L4, and L5 facet joint areas, which increased with flexion and extension. Straight leg raise did not increase the leg pain but did increase the localized right sided back pain, which was the same as the last exam. The clinician requested authorization for dorsal medial branch block of L3, L4, and L5. The patient was having localized pain over the facet joints. The injection may help provide significant relief of localized low back pain, which was causing the most discomfort. The injured worker had epidural steroid injections in the past which were not helpful. The physical exams revealed that localized back pain coming from his facet joints was significant. He also had some radiating pain down the leg, but this is not as bothersome and a trial of epidural steroid injections did not change this. He appears to have had a combination of both going on, but the localized facet joint pain is currently the most bothersome.

If medial branch block were to be successful, the treatment plan would be to proceed with radiofrequency ablation. Request for Authorization Forms for the above service of medial branch block were submitted on 07/09/2014, 06/05/2014, and 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3, L4, L5 dorsal medial branch block QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections)

Decision rationale: The injured worker continued to complain of low back pain with radiating symptoms down the right lower extremity that is constant. The California MTUS/ACOEM Guidelines state that invasive techniques such as local injections and facet joint injections of cortisone and lidocaine are of questionable merit. Despite the fact that proof is still lacking, many physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of 1 diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. The criteria for use of diagnostic blocks for facet mediated pain indicate that clinical presentation should be consistent with facet joint pain. Indicators of facet joint pathology are tenderness to palpation in the paravertebral areas, a normal sensory examination, absence of radicular findings, although pain may radiate below the knee, and a normal straight leg-raising exam. The injured worker was found to have tenderness to palpation in the paravertebral areas over the facet region. No sensory exam was provided for review. The injured worker's right lower extremity pain is described as radicular. In fact, one of his diagnoses is right L5 radicular pain, and his straight leg raise was positive. Therefore, the request for right L3, L4, L5 dorsal medial branch block is not medically necessary.