

Case Number:	CM14-0161597		
Date Assigned:	10/07/2014	Date of Injury:	03/09/2012
Decision Date:	10/31/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine & Rehabilitation, 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 63-year-old female who reported an injury due to a slip and backwards fall on a wet floor on 03/09/2012. On 08/28/2014, her diagnoses included lumbar disc with radiculitis, degeneration of lumbar disc, diabetes mellitus and low back pain. Her complaints included low back pain rated 8/10 radiating to the posterior lateral dermatomes of the right lower extremity with tingling/numbness and weakness. On unknown dates she received acupuncture treatments that helped reduce her pain by 50% for a few days, chiropractic treatments which helped for a short period of time, trigger point injections and physical therapy which did not help her pain. Her lumbar spine range of motion was limited by pain in all planes. A Patrick/Gaenslen's test was positive for SI arthropathy bilaterally. There was tenderness on palpation at L4-5 and L5-S1 with positive facet loading bilaterally. An MRI of the lumbar spine on 11/13/2012 revealed degenerative disc disease at L4-5 and L5-S1. An EMG/NCS on 05/22/2014 revealed right S1 radiculopathy. It was noted that this injured worker had a history of kidney cancer. The treatment plan included recommendations for right and left L3, L4, and L5 MBB diagnostic injections under fluoroscopic guidance. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 and L5-S1 facet joint, 1 week later after medical branch block (MBB) injection:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Medial Branch Blocks (MBB's); Facet joint medical branch blocks (therapeutic injections)

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, Facet joint diagnostic blocks (injections) and radiofrequency ablations.

Decision rationale: The request for right L4-5 and L5-S1 facet joint 1 week later after medical branch block (MBB) injection is not medically necessary. The California ACOEM Guidelines recommend that invasive techniques for example local injections and facet joint injections are of questionable merit. Medial branch block offers no significant long term functional benefit nor does it reduce the need for surgery. Facet neurotomy should be performed only after appropriate investigation involving medial branch diagnostic blocks. The Official Disability Guidelines do not recommend facet medial branch blocks except as a diagnostic tool, stating that no more than 1 set of medial branch diagnostic blocks be performed prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Among the criteria for the use of diagnostic blocks for facet mediated pain is that they are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. The EMG/NCS on 05/22/2014 revealed diagnoses of right S1 radiculopathy. Additionally, the request is incomplete and unclear. There is no procedure specified in the first part of the request. The clinical information submitted failed to meet the evidence based guidelines for facet joint diagnostic blocks and radiofrequency ablations. Therefore, this request for right L4-5 and L5-S1 facet joint 1 week later after medical branch block (MBB) is not medically necessary.