

Case Number:	CM14-0184886		
Date Assigned:	11/12/2014	Date of Injury:	09/23/2005
Decision Date:	12/19/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/06/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Pain Medicine. 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 34-year-old male who sustained an industrial injury on September 23, 2005. The industrial diagnoses include chronic low back pain, lumbar disc pro'strusion, lumbar facet arthropathy, and lumbar radiculopathy. The patient has had conservative treatments with pain medications including naproxen, gabapentin, and hydrocodone. The patient has had previous epidural steroid injections. The disputed request is for bilateral medial branch blocks at L3, L4, and L5. This was denied in a utilization review determination on date of service October 20, 2014. The stated rationale was that the patient continues to have radicular symptoms. The reviewer cited that medial branch blocks are not indicated in patients with continued radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar 3,4,5 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks (Injections) Topic

Decision rationale: ACOEM Medical Practice Guidelines, 2nd edition, 2004 do not have specific recommendation regarding medial branch blocks but do state on page 300 of ACOEM Chapter 12 the following excerpt regarding injections in general: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." In the case of this injured worker, if ACOEM guidelines are applied, then this request is not recommended. These guidelines specify that there is little evidence for invasive techniques and that they may be applicable only in the transition period from acute to chronic pain. This injured worker is clearly in the chronic phase of low back pain. Furthermore, the ODG suggest medial branch blocks only in cases with no radicular symptoms. The patient has radiating leg pains as documented 7/14/14. This request is not medically necessary.