

Case Number:	CM14-0211766		
Date Assigned:	01/02/2015	Date of Injury:	04/05/2013
Decision Date:	02/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Tennessee, North Carolina, Georgia
 Certification(s)/Specialty: Anesthesiology

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 55-year-old male with a date of injury of cumulative trauma 01/01/2006 to 05/16/2013. His mechanism of injury was a misstep off of a sidewalk and fell on the right side of his body. His diagnoses included lumbar disc disease, lumbar spine facet syndrome, right knee internal derangement. His past treatments have included physical therapy and pain medication. His diagnostic studies have included MRI scans of the cervical spine, lumbar spine, and right knee. His surgical history was not included. The patient had complaint of pain in the low back, which he rates as a 7/10. He describes the pain as sore with achiness and dull sensation that radiates down the buttocks at times. His physical exam findings included tenderness to palpation with spasms over the lumbar spine, facet tenderness over L4-S1. Piriformis tenderness on the right and left side, sacroiliac tenderness on the right and left side. Fabere/Patrick's test is positive, sacroiliac thrust test was positive, yeoman's test was positive. Sciatic notch tenderness was negative, while Kemp's test was positive, and straight leg raise was positive at 70 degrees, eliciting low back pain only. Hip range of motion was all within normal limits. Lumbar spine range of motion was measured at 25 degrees of lateral bending on the right side, 30 degrees on the left side, flexion was measured at 60 degrees, and extension at 5 degrees. The current medications include Sonata, tramadol, cyclobenzaprine, Naprosyn, Prilosec, and Norflex. His treatment plan included plans for a lumbar medial branch nerve block in anticipation of a radiofrequency neurotomy. The rationale for the request was anticipation in reduction in pain. The Request for Authorization is signed and dated 11/26/2014 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral medial branch block injection at L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 300-301, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections).

Decision rationale: 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 pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines discuss further that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The criteria for the use of diagnostic blocks for facet mediated pain are: that 1 set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%, and the pain response should last at least 2 hours; limited to patients with low back pain that is nonradicular and no more than 2 levels bilaterally. There should be documentation of failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. There should also be a documented failure of conservative treatment, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The documentation submitted for review does not include the documented failure of conservative treatment. As the documentation submitted does not support the request for Bilateral Medial Branch Block Injection at L4-S1, the request is not medically necessary.