

Case Number:	CM14-0212368		
Date Assigned:	01/02/2015	Date of Injury:	02/06/2013
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/18/2014

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: California
 Certification(s)/Specialty: Internal Medicine

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 patient is an injured worker with chronic low back pain. The date of injury was 2/6/2013. The patient is being treated for chronic low back pain. Per the evaluation on 12/04/14 by, the patient described her pain as sharp and stabbing pain, more on right, with radiation to buttock and occasionally whole right leg. The patient noted occasional numbness in her right foot. She was not functioning well as her standing was limited to twenty minutes, sitting was limited to thirty minutes, and walking was limited to twenty minutes. She noted that she spends most of her day laying down. The patient does not sleep well, has difficulty falling asleep and staying asleep, but sleeps better with Ambien. She has also been taking Percocet several times a week. Objective findings indicated she was able to walk on her tip toes and heels, her lower extremity motor was 5/5, except her right ankle dorsiflexion and great toe extension was 4/5. She had decreased sensation to pin prick at L4/L5 and S1 dermatomes. She had negative straight leg test bilaterally, negative Patrick test bilaterally, and deep tendon reflexes were +3 at her knees and +2 at her ankles. Treatment plan was documented. Medial nerve block at right L3, L4, and L5 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 medial branch block at right L3, L4, L5: Upheld

Claims Administrator 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, Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Facet joint intra-articular injections (therapeutic blocks) Facet joint medial branch blocks (therapeutic injections) ACOEM 3rd Edition. Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): America

Decision rationale: Medical Treatment Utilization Schedule (MTUS) facet-joint injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections are not recommended. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. Per ODG, facet joint medial branch blocks (therapeutic injections) are not recommended except as a diagnostic tool. Minimal evidence for treatment. ACOEM 3rd Edition (2011) states that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. Medical records document a history of chronic low back pain. Medial nerve block at right L3, L4, and L5 was requested. ACOEM 2nd Edition (2004) indicates that facet-joint injections are not recommended. Official Disability Guidelines (ODG) indicate that regarding facet joint intra-articular injections for low back disorders, no more than 2 joint levels may be blocked at any one time. Per ODG, facet joint medial branch blocks therapeutic injections are not recommended except as a diagnostic tool. There is minimal evidence for treatment. ACOEM 3rd Edition (2011) states that that diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders. The request for medial nerve block at right L3, L4, and L5 is not supported by MTUS, ACOEM, or ODG guidelines. Therefore, the request for 1 medial branch block at right L3, L4, L5 : is not medically necessary.