

Case Number:	CM14-0215526		
Date Assigned:	01/05/2015	Date of Injury:	10/17/2012
Decision Date:	02/25/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 years old female patient who sustained an injury on 10/17/2012. She sustained the injury while moving a big container which slid off the counter. The current diagnoses include multilevel lumbar degenerative disc disease, low back pain and facet syndrome and left and right trochanteric bursitis. Per the doctor's note dated 12/16/2014, she had complaints of back pain and radicular pain. The physical examination revealed acute distress, tenderness and limited range of motion of the lumbar spine, positive facet load bilaterally and positive straight leg raising bilaterally. The medications list includes norco, flexeril, omeprazole, lidocaine patch and voltaren gel. She has had EMG/NCS of lower extremities dated 6/12/2014 with normal findings; lumbar spine MRI dated 2/27/2013 which revealed multilevel degenerative disc disease. She has had physical therapy visits, acupuncture visits and aqua therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Low Back (updated 01/30/15) Facet joint medial branch blocks (therapeutic injections) Facet joint injections, lumbar Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: Per the cited guidelines "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." Per the ODG low back guidelines Facet joint medial branch blocks (therapeutic injections) are "Not recommended except as a diagnostic tool. Minimal evidence for treatment." Per the cited guidelines, facet joint intra articular injections are "Under study". In addition, regarding facet joint injections, ODG states, "There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." There is no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to median branch block. One of the criteria for medial branch blocks or facet joint injections includes that the pain should be non radicular in nature. In this patient , the lower back pain radiates down to the lower extremity with a positive straight leg raising bilaterally, per notes in 12/2014. Therefore, there is no high-grade scientific evidence to support the medial branch block for this patient. The medical necessity of Bilateral L4-L5 and L5-S1 medial branch block is not medically necessary.