

Case Number:	CM14-0217220		
Date Assigned:	01/07/2015	Date of Injury:	11/15/2010
Decision Date:	03/30/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/29/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who reported injury on 11/05/2010. Prior therapies included cognitive behavioral therapy. The documentation of 11/25/2014 revealed the mechanism of injury was cumulative trauma. The injured worker had a chief complaint of low back pain. The injured worker indicated the pain in the low back was more on the right side. The pain radiated to the right buttocks. The injured worker underwent an epidural steroid injection on 10/31/2014 with no significant pain relief. The physical examination of the lumbar spine revealed limited range of motion. The injured worker had a positive facet loading test for the lumbar region. The straight leg was negative. The sensation was grossly intact to the bilateral lower extremities. Motor strength was 5/5. The diagnostic impression included rule out facet arthropathy at L4-5 and L5-S1, right side. Additional diagnostic impression included MRI findings of 4 mm left paracentral disc protrusion at L5-S1, 3 mm right foraminal disc protrusion at L4-5, and 4 mm disc protrusion at L3-4. The treatment plan included a diagnostic facet block in the lumbar region at the level of L4-5 and L5-S1 at the level of the medial branches. This was noted to be a good identifier if this was the main pain generator and to see if the injured worker was a good candidate for lumbar facet denervation or radiofrequency ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided L4-5 and L5-S1 Diagnostic Facet Block at the level of medial branches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint Diagnostic Blocks (injections)

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) Low Back Chapter, Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections), Facet Joint Pain, Signs & Symptoms.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that a facet neurotomy (Rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that a medial branch block is not recommended except as a diagnostic tool. Minimal evidence for treatment. the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). There was a lack of documentation of a failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The documentation indicated the injured worker had facet joint pain signs and symptoms including tenderness to palpation at the paravertebral area, normal sensory examination, absence of radicular findings, and a normal straight leg raise examination. However, given the lack of documentation, the request for right sided L4-5 and L5-S1 diagnostic facet block at the level of medial branches is not medically necessary.