

Case Number:	CM14-0217247		
Date Assigned:	01/07/2015	Date of Injury:	08/21/2014
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 46 year old male who sustained an industrial injury as a helicopter pilot to his lower back on August 21, 2014. There was no mechanism of injury documented. There was no documented surgical intervention to the lumbar spine. The injured worker was diagnosed with lumbar herniated disc protrusion and lumbar degenerative disc disease. The injured worker also has a history of Diabetes Mellitus and hypertension. A magnetic resonance imaging (MRI) dated September 16, 2014 demonstrated a decrease in a posterior disc herniation at L4-L5 with mild lateral recess stenosis and moderate facet arthropathy at L5-S1. According to the physician's progress report on December 1, 2014, the patient continues to experience low back pain, left side greater than right side with some radiation to the left hip pain and buttock. There was no radiation to the lower extremities. Current medication listed is Ibuprofen. Treatment modalities have consisted of three epidural steroid injections (ESIs) with no long term benefit, physical therapy, self-directed exercise and medications. The injured worker is on temporary total disability (TTD). The treating physician requested authorization for Bilateral Medial Branch Blocks at L4-5 and L5-S1. On December 22, 2014 the Utilization Review modified the certification to one (1) Bilateral Medial Branch Blocks at L4-5 and L5-S1. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral MBB's L4-5 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint Diagnostic Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back chapter, Facet Joint Diagnostic Blocks (Injections) section

Decision rationale: Per the MTUS Guidelines, facet-joint injections are of questionable merit. The treatment offers no significant long-term functional benefit, nor does it reduce the risk for surgery. This request is for diagnostic blocks which are not addressed by the MTUS Guidelines. The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The clinical presentation should be consistent with facet joint pain, signs and symptoms. The procedure should be limited to patients with low-back pain that is non-radicular and no more than two levels bilaterally. There should be documentation of failure of conservative treatment, including home exercise, physical therapy and NSAIDs for at least 4-6 weeks prior to the procedure. No more than two facet joint levels should be injected in one session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or in patients who have had a previous fusion procedure at the planned injection level. The medical records indicate that the injured worker has bilateral lumbar facet pain involving L4-5 and L5-S1, left sided greater than right sided. This diagnosis is supported by MRI findings, lack of radicular symptoms, positional nature of the pain, lack of response to epidural steroid injections, and positive physical exam findings. The plan is to proceed with radiofrequency medial branch neurotomy if diagnosis is confirmed by medial branch blocks. Utilization review modified this request to allow for two blocks. The ODG however does recommend up to two levels bilaterally, and although left side is greater than right, there are significant complaints bilaterally. The request for bilateral MBBs L4-5 and L5-S1 is determined to be medically necessary.