

Case Number:	CM15-0006560		
Date Assigned:	01/26/2015	Date of Injury:	08/19/1998
Decision Date:	03/19/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/12/2015

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 71-year-old female with a reported date of injury on 08/19/1998. The mechanism of injury was the result of transferring a large patient which resulted in a fall. The injured worker's diagnoses included degenerative lumbar disc disease. The treatment options completed thus far were shown to include physical therapy, water exercise program, therapeutic medial branch block at L3-4 and L5-S1, radiofrequency neurotomy at the same level in 2003, and ibuprofen. Diagnostic studies were noted to include a provocative discogram performed in 2002 which was noted to reveal congruent pain at the L4-5 level with partial congruent pain at the L3-4 level. A post discogram CT scan revealed type 3 annular fissures at L3-4 and L4-5 and a lesser annular fissure at L5-S1. The clinical note dated 11/18/2014 noted the patient was being seen for increased low back pain. It was noted that the patient would like to repeat prior successful interventions which were noted to include therapeutic medial branch block/radiofrequency neurotomy at the L3-4 and L5-S1 levels. It was noted these interventions resulted in pain relief from 2003 through 2006. On physical examination, it was noted the patient had increased tenderness of the bilateral lumbosacral area as well as decreased range of motion with increased pain during facet loading maneuver. Sensory examination revealed normal sensation to pinprick in the bilateral lower extremities and musculature strength was 5/5 throughout. Under the treatment plan, it was noted the physician was requesting bilateral L3-4 medial nerve block followed 1 week later by bilateral L5-S1 therapeutic median branch nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4 Diagnostic Median Branch Nerve Block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Guidelines Chapter Low Back-Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines state that invasive techniques to include facet joint injections are of questionable merit. However, the Official Disability Guidelines indicate that the criteria for use of diagnostic blocks for facet mediated pain must include documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to procedure for at least 4 to 6 weeks. The guidelines further recommend the injured worker's signs and symptoms must be consistent with facet joint pain. The facet joint injection is also limited to patients with low back pain as non-radicular and no more than 2 facet joint levels are injected in 1 session. The clinical documentation provided for review indicated that the patient had underwent supervised physical therapy in 09/2014 and has been participating in continued home exercise program in the form of self-directed gym program as well dancing. Additionally, there were no signs of radiculopathy on physical examination and the patient was noted to have increased pain with facet loading maneuver in the lumbar spine. Furthermore, given the patient's history of success with the prior L3-4 median branch block and neurotomy, the requested bilateral L4-5 diagnostic medial branch nerve block would be considered medically necessary.

Bilateral L5-S1 Diagnostic Median Branch Nerve Block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Guidelines Chapter Low Back-Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Criteria for the use of diagnostic blocks for facet nerve pain.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines state that invasive techniques to include facet joint injections are of questionable merit. However, the Official Disability Guidelines indicate that the criteria for use of diagnostic blocks for facet mediated pain must include documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to procedure for at least 4 to 6 weeks. The

guidelines further recommend the injured worker's signs and symptoms must be consistent with facet joint pain. The facet joint injection is also limited to patients with low back pain as non-radicular and no more than 2 facet joint levels are injected in 1 session. The clinical documentation provided for review indicated that the patient had underwent supervised physical therapy in 09/2014 and has been participating in continued home exercise program in the form of self-directed gym program as well dancing. Additionally, there were no signs of radiculopathy on physical examination and the patient was noted to have increased pain with facet loading maneuver in the lumbar spine. Furthermore, given the patients history of success with the prior L5-S1 median branch block and neurotomy, the requested bilateral L5-S1 diagnostic medial branch nerve block would be considered medically necessary.