

Case Number:	CM15-0110355		
Date Assigned:	06/16/2015	Date of Injury:	06/21/2013
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina
 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:

The injured worker is a 52 year old male, who sustained an industrial injury on 06/21/2013. He has reported injury to the low back. The diagnoses have included lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; and bilateral sacroiliac joint sprain/strain. Treatment to date has included medications, diagnostics, physical therapy, and home exercise program. Medications have included Hydrocodone and Gabapentin. A progress note from the treating physician, dated 04/14/2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the lumbar spine, which he rates on a pain scale at 7/10; and his pain has remained unchanged since his last visit. Objective findings included a wide-based gait; heel-toe walk performed with difficulty secondary to low back pain; there is diffuse tenderness noted over the lumbar paravertebral musculature; there is moderate facet tenderness noted at L4 through S1; sacroiliac tenderness is noted with positive Fabere's, sacroiliac thrust, and Yeoman's tests bilaterally; Kemp's test is positive bilaterally; decreased lumbar range of motion; and moderate right hip pain in the greater trochanter. The treatment plan has included the request for bilateral L3 through L5 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3 through L5 Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medial branch block.

Decision rationale: The ACOEM states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews, as their benefit remains controversial. Criteria for use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of 70%. 2. Limited to non-radicular cervical pain and no more than 2 levels bilaterally. 3. Documentation of failure of conservative therapy. 4. No more than 2 joint levels are injected in 1 session. 5. Diagnostic facet blocks should be performed in patients whom a surgical procedure is anticipated. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. Criteria cited above have not been met in the clinical documentation and therefore the request is not medically necessary.