

Case Number:	CM15-0112953		
Date Assigned:	06/19/2015	Date of Injury:	02/05/2013
Decision Date:	07/20/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/11/2015

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

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 51 year old male with an industrial injury dated 02/05/2013. His diagnoses included bilateral lumbar facet joint pain lumbar 4-5 and lumbar 5-sacral 1, lumbar facet joint arthropathy, chronic low back pain, right cervical facet joint pain cervical 5-6 and cervical 6-7, cervical facet joint arthropathy, chronic neck pain and post-concussion syndrome. Prior treatments included physical therapy, non-steroidal anti-inflammatory drugs and conservative treatments. He presents on 04/27/2015 with complaints of bilateral low back pain and right neck pain. He rates the pain as 8/10. Exacerbating factors included prolonged sitting, standing, lifting, twisting, driving, lying down, coughing, sneezing and bearing down. Physical exam noted tenderness upon palpation of the lumbar paraspinal muscles and tenderness upon palpation of the bilateral cervical 5-6 and cervical 6-7. Lumbar ranges of motion were restricted by pain in all directions. Cervical ranges of motion were restricted by pain in all directions. Muscle strength was normal in all limbs. Treatment plan included a recommendation for a secondary physician to treat for pain management, fluoroscopically guided diagnostic bilateral lumbar 4-5 and bilateral lumbar 5- sacral 1 facet joint medial branch block and a fluoroscopically guided diagnostic right cervical 5-6 and right cervical 6-7 facet joint medial branch block. The treatment request is for diagnostic bilateral lumbar 4-5 bilateral lumbar 5- sacral 1 facet joint medial branch block with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral L4-5 bilateral L5-S1 facet joint medial branch block w/ fluoroscopy:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.
Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Diagnostic Blocks
(therapeutic injections), pages 412-418.

Decision rationale: Per Guidelines, medial branch/facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients without documented failed conservative treatment as in this case. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results. Additionally, facet blocks are not recommended without defined imaging correlation and over 2 joint levels concurrently, as in this case. Submitted reports have not demonstrated support outside guidelines criteria. The Diagnostic bilateral L4-5 bilateral L5-S1 facet joint medial branch block w/ fluoroscopy is not medically necessary and appropriate.