

Case Number:	CM15-0119858		
Date Assigned:	06/30/2015	Date of Injury:	07/17/2002
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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 59 year old male with an industrial injury dated 07/17/2002. The injured worker's diagnoses include multifactorial low back pain, prior lumbar compression fracture and internal disc disruption, lumbar spondylosis without myelopathy, sacroiliac (SI) joint arthropathy with pain, opioid-induced hypogonadism with low testosterone and elevated opioid risk due to past history of overuse and lost medications. Treatment consisted of diagnostic studies, prescribed medications, home exercise therapy, remote history of physical therapy and periodic follow up visits. In a progress note dated 06/01/2015, the injured worker reported chronic low back pain and buttock pain. Objective findings revealed mild pain to loading of the spinous process in the cervical spine, mild tenderness to palpitation at T12-L1 and tenderness to facet loading maneuvers at L4, L5 with knee buckling and withdrawal to light palpitation. The treating physician prescribed services for bilateral medial branch block to L4-5 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral MBB to L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

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) 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 injured worker had a failed diagnostic medial branch block of L4-L5 performed in August of 2011. The guidelines do not support the use of more than one set of medical branch blocks; therefore, the request for bilateral MBB to L4-5 is determined to not be medically necessary.