

Case Number:	CM15-0127468		
Date Assigned:	07/14/2015	Date of Injury:	12/14/2012
Decision Date:	08/20/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/01/2015

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 60 year old male, who sustained an industrial injury on December 14, 2012. The injured worker reported that while unloading a truck he slipped and jolted his back noting immediate pain to the low back. The injured worker was diagnosed as having lumbosacral spondylosis, axial lumbar spine pain, and lumbar spine degenerative disc disease. Treatment and diagnostic studies to date has included chiropractic therapy, physical therapy, x-ray of the lumbar spine, and medication regimen. In a progress note dated May 04, 2015 the treating physician reports complaints of low back pain. Examination reveals decreased range of motion to the lumbar spine, tenderness on palpation throughout the back, and lumbar spine spasm. The injured worker's pain level was rated a 4 at its least and an 8 at its worst with improvement noted with the use of his medication regimen. The treating physician requested diagnostic lumbar medial branch blocks at the left lumbar two to three, lumbar three to four, and lumbar four to five along with diagnostic lumbar medial branch blocks at the right lumbar three to four and lumbar four to five under fluoroscopic guidance, but the documentation provided did not indicate the specific reason for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar diagnostic medial branch blocks at L2-L3, L3-L4, L4-L5 on the left and L3-L4, L4-L5 on the right, under fluoroscopic guidance: 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).

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. This request for medial branch blocks exceeds the guideline recommendation of two facet joint levels in one session, therefore, the request for lumbar diagnostic medial branch blocks at L2-L3, L3-L4, L4-L5 on the left and L3-L4, L4-L5 on the right, under fluoroscopic guidance is determined to not be medically necessary.