

Case Number:	CM15-0176626		
Date Assigned:	09/17/2015	Date of Injury:	09/14/2011
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 57 year old male who sustained an industrial injury on 9-14-11. He had complaints of lower back pain. Progress report dated 6-11-15 reports a flare up in lower back pain. He reported 70% relief in pain after the last radio-frequency ablation lasting greater than one year. The back pain radiates into the lower extremities more on the right side. The pain is described as constant, sharp, dull, and aching rated 4-8 out of 10. The pain is aggravated by standing and walking. He has tried the TENS unit. Upon lumbar sacral exam, he has tenderness over facets with diffuse pain, the left side greater than the right and is aggravated with extension. Current diagnoses: spinal stenosis lumbar region neurogenic claudication, lumbar radiculopathy left, stenosis lumbar spine L3-5, spondylosis lumbar, and lumbar facet arthropathy. Plan of care includes: renew Ultram 50 mg 1 every 4-6 hours as needed max 6 per day, old charts reviewed, continue conservative treatment to include home exercise program, moist heat and stretches. Work status: permanent and stationary. Follow up in 1 month. Progress report dated 7-9-15 reports pain is rated 4-9 out of 10. Plan of care includes: refill Tramadol, follow up with primary care physician, continue home exercise regimen, request bilateral L3, L4, L5 medial branch block and follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar facet injections L3-L4 and L4-L4 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint injections, lumbar.

Decision rationale: The ODG identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of lumbar facet injections, or medial branch blocks. The ODG identifies, that if successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). In this case, there are no objective exam findings consistent with lumbar facet mediated pain. Therefore, based on guidelines and a review of the evidence, medical necessity for the requested injections has not been established. The request for bilateral lumbar facet injections at L3-L4, and L4-L5 (x2) is not medically necessary.

Anesthesia with x-ray x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint injections, lumbar.

Decision rationale: The medical necessity of the requested lumbar facet injections has not been established. Therefore, there is no indication for anesthesia with x-ray x 2 for the procedure. The requested services are not medically necessary.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint injections, lumbar.

Decision rationale: The medical necessity of the requested lumbar facet injections has not been established. Therefore, there is no indication for fluoroscopic guidance for the procedure. The requested service is not medically necessary.

Bilateral L3, L4 and L5 dorsal medial branch block: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks, Lumbar.

Decision rationale: According to the ODG, medial branch blocks (MBBs) are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include: (1) one set of diagnostic MBBs with a response of greater than or equal to 70%; (2) limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; (3) there is documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks; and (4) no more than 2 facet joint levels are injected in one session. The ODG identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of medial branch block. In this case, the patient's low back pain is radicular in nature, with radiation to both lower extremities. There are also more than two levels requested (bilateral L3, L4 and L5). Medical necessity for the requested bilateral L3, L4 and L5 dorsal medial branch blocks has not been supported or established. The requested procedure is not medically necessary.