

Case Number:	CM15-0176684		
Date Assigned:	09/17/2015	Date of Injury:	06/05/2007
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 69 year old male, who sustained an industrial injury on 06-05-2007. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for multilevel cervical spondylosis, L4-L5 laminectomy fusion, early adjacent level arthrosis at L3-L4 and L5-S1, status post right sided sacroiliac joint fusion, and right sided hip mild degenerative changes with mild tendinopathy of the gluteus medius tendon attachments of the greater trochanter. Treatment and diagnostics to date has included right sided sacroiliac joint fusion and use of medications. Medications have included Amlodipine, Atenolol, Fluoxetine, Naprosyn, and Omeprazole. CT of lumbar spine report dated 07-27-2010 stated "1. L3-L4: 1 to 2mm disc bulge with posterior epidural fat renders a mild narrowing of the spinal canal mildly to 9mm. There is foraminal extension of the disc bulge minimally narrowing with neural foramina. 2. L4-L5: Broad based disc protrusion of 4mm with posterior epidural fat and ligamentum flavum laxity renders moderate spinal canal stenosis of 6-7mm. There is moderate right greater than left facet arthropathy. Foraminal extension of broad based disc protrusion with facet arthropathy renders mild neural foraminal stenosis bilaterally. 3. L5-S1: 1 to 2mm broad based disc protrusion. Spinal canal and neural foramina are normal. There is mild facet arthropathy". In a progress note dated 07-23-2015, the injured worker reported ongoing pain in his neck, upper and lower back. Objective findings included diminished cervical spine range of motion with lateral bending, paraspinal tenderness at the thoracolumbar junction, and lumbar spine is focally tender at L5-S1 as well as right sided superior iliac crest. The treating physician recommended undergoing "facet blocks at the L3-L4 and L5-S1 levels. I would recommend

medial branch blocks versus intra-articular blocks". The request for authorization dated 08-04-2015 requested "facet blocks at the L3-L4 and L5-S1". The Utilization Review with a decision date of 08-19-2015 denied the request for facet blocks L3-L4 and L5-S1 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Blocks L3-L4 and L5-S1 medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet Joint Diagnostic Blocks.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Medial branch blocks.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, facet block L3 - L4, and L5 - S1 medial branch block is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical/lumbar pain that is non-radicular and that no more than two levels bilaterally; there should be no evidence of spinal stenosis or previous fusion; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set a diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an non-steroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. In this case, the injured worker's working diagnoses are multilevel cervical spondylosis; laminectomy fusion at L4 - L5 early adjacent level arthrosis L3 - L4 and L5 - S1; status post right sided sacroiliac joint fusion; right-sided hip mild degenerative changes with mild tendinopathy of the gluteus medias tendon attachments of the greater trochanter. The treatment plan indicates the treating provider recommends medial branch blocks versus intra-articular blocks to be determined based on the expertise of a pain management provider. The documentation states the injured worker is status post right-sided sacroiliac joint fusion. The specific level is not documented, although the treating provider is requesting a medial branch block versus a facet block at L5-S1. The guidelines state there should be no evidence of spinal stenosis or previous fusion. Additionally, there was previous fusion at L3 - L4 and L5 - S1. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation evidencing status post right sided sacroiliac joint fusion, documentation evidencing laminectomy fusion at L4 - L5 and non-specificity as to administering medial branch blocks versus facet blocks (yet to be determined), facet block L3 - L4, and L5 - S1 medial branch block is not medically necessary.