

Case Number:	CM15-0178246		
Date Assigned:	09/18/2015	Date of Injury:	04/17/2014
Decision Date:	10/21/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/10/2015

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:

This is a 37 year old male with a date of injury on 4-17-2014. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, lumbar degenerative disc disease. Per the progress report dated 6-10-2015, the injured worker reported 60 percent relief from a LFJI on 5-15-2015; however, he was still taking Norco three to four times a day. He rated his current pain (6-10-2015) two out of ten. According to the progress report dated 8-20-2015, the injured worker complained of back pain. Symptoms were unchanged. The symptoms were described as pins and needles, throbbing and aching. He rated his current pain as eight out of ten and worst pain as ten out of ten. The physical exam (8-20-2015) revealed severe tenderness in the upper lumbar spine. Lumbar range of motion was moderately decreased. Left and right facet load (Kemp's test) was positive. Treatment has included physical therapy, home exercise program and medications. The physician noted (8-20-2015), "On the last injection, on 7-22-2015, he insisted the LFJI should be done in the lower lumbar spine, due to presence of pain over the area, but he regretted the injections because the 5-15-2015 injections at L1-2 and L2-3 provided him with much more significant relief." The request for authorization dated 8-25-2015 was for medial branch nerve blocks at bilateral T12-L1, bilateral L1-2 and bilateral L2-3. The original Utilization Review (UR) (9-1-2015) denied requests for medial branch nerve blocks at bilateral T12-L1, bilateral L1-2 and bilateral L2-3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch nerve block bilateral T12-L1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Review indicates the patient underwent two recent diagnostic facet joint injections on 5/15/15 at L1, L2, L3 and again on 7/22/15 at L3, L4, L5, and S1 now with requests for repeat nerve facet blocks at T12, L1, L2, and L3. Per Guidelines, 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, no more than one therapeutic intra- articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation not identified here. There is no report of acute flare-up or change for this chronic April 2014 injury. Additionally, facet injections/blocks are not recommended in patient who may exhibit radicular symptoms with symptoms of pins and needles along with continued significant pain without functional change from previous injections in terms of increased ADLs, decreased medication dosing and profile, continuing to take Norco 3-4x/day along with lack of decreased medical utilization demonstrated with only short term relief of 60%, inconsistent with guidelines criteria of 70% for at least 6 weeks. Medial branch blocks are not recommended to be performed over 2 joint levels concurrently (T12, L1, L2, L3 demonstrated here) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The medial branch nerve block bilateral T12-L1 is not medically necessary and appropriate.

Medial branch nerve block bilateral L1-2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Review indicates the patient underwent two recent diagnostic facet joint injections on 5/15/15 at L1, L2, L3 and again on 7/22/15 at L3, L4, L5, and S1 now with requests for repeat nerve facet blocks at T12, L1, L2, and L3. Per Guidelines, 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, no more than one therapeutic intra- articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not

recommended without defined imaging or clinical correlation not identified here. There is no report of acute flare-up or change for this chronic April 2014 injury. Additionally, facet injections/blocks are not recommended in patient who may exhibit radicular symptoms with symptoms of pins and needles along with continued significant pain without functional change from previous injections in terms of increased ADLs, decreased medication dosing and profile, continuing to take Norco 3-4x/day along with lack of decreased medical utilization demonstrated with only short term relief of 60%, inconsistent with guidelines criteria of 70% for at least 6 weeks. Medial branch blocks are not recommended to be performed over 2 joint levels concurrently (T12, L1, L2, L3 demonstrated here) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The medial branch nerve block bilateral L1-2 is not medically necessary and appropriate.

Medial nerve block bilateral L2-3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Review indicates the patient underwent two recent diagnostic facet joint injections on 5/15/15 at L1, L2, L3 and again on 7/22/15 at L3, L4, L5, and S1 now with requests for repeat nerve facet blocks at T12, L1, L2, and L3. Per Guidelines, 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, no more than one therapeutic intra- articular block is suggested and with positive significant relief for a duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation not identified here. There is no report of acute flare-up or change for this chronic April 2014 injury. Additionally, facet injections/blocks are not recommended in patient who may exhibit radicular symptoms with symptoms of pins and needles along with continued significant pain without functional change from previous injections in terms of increased ADLs, decreased medication dosing and profile, continuing to take Norco 3-4x/day along with lack of decreased medical utilization demonstrated with only short term relief of 60%, inconsistent with guidelines criteria of 70% for at least 6 weeks. Medial branch blocks are not recommended to be performed over 2 joint levels concurrently (T12, L1, L2, L3 demonstrated here) and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Medial nerve block bilateral L2-3 is not medically necessary and appropriate.