MAXIMUS Federal Services

Case Number:	CM15-0026169		
Date Assigned:	02/18/2015	Date of Injury:	07/28/2000
Decision Date:	04/14/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/10/2015

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: 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 52 year old, female patient, who sustained an industrial injury on 07/28/2000. A primary treating office visit dated 12/30/2014 reported the patient's chief complaints as sciatica, pain in right limb, tobacco user, post-laminectomy syndrome, low back pains, depression and displacement of lumbar intervertebral disc without myelopathy. The patient has a surgical history of 2 prior lumbar surgeries and an open reduction with internal fixation of right femur fracture. The following medications are prescribed; Gabapentin 600 MG, Hydrocodone 10 MG, Metazalone 800 MG, Methadone 10MG, Tegretol 200 MG, Protonix 40 MG, lomotil 2.5 MG, Glibizide and Clonazepam 1 MG. A request was made for a bilateral lumbar medial branch clock at L3, L4 and L5. On 01/14/2015, Utilization Review, non-certified the request, noting the CA MTUS / ACOEM Chapter 12, pag301, invasive techniques along with the ODG, Low Back, Facet Joint Diagnostic Block were cited. On 02/10/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Medial Branch Block L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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 medical records indicate that the injured worker has radicular findings on examination. The medical records also do not indicate that the plan is to provide facet neurotomy if the diagnostic blocks were successful. Finally, this request is for three levels which is not consistent with the recommendations of the guideline recommendations. The request for Bilateral Lumbar Medial Branch Block L3, L4, and L5 is determined to not be medically necessary.