

Case Number:	CM15-0070918		
Date Assigned:	04/20/2015	Date of Injury:	05/23/2005
Decision Date:	05/22/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/14/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 46 year old male, who sustained an industrial injury on May 20, 2005. He reported low back pain with shooting pain in the inside of the bilateral lower extremities with associated numbness and tingling in the bilateral feet. The injured worker was diagnosed as having status post lumbar microdiscectomy, lumbar disc disease, lumbar radiculopathy and lumbar spine facet syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, epidural steroid injections, conservative care, medications and work restrictions. Currently, the injured worker complains of low back pain with shooting pain in the inside of the bilateral lower extremities with associated numbness and tingling in the bilateral feet. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 7, 2015, revealed continued pain. He noted an improvement in radicular symptoms and the ability to stoop and bend since the last injection. Bilateral lumbar 3 to sacral 1 medial branch block injections were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3TO S1 MEDIAL BRANCH BLOCK INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks) and Other Medical Treatment Guidelines Up to Date, Subacute and chronic low back pain: Nonsurgical interventional treatment.

Decision rationale: MTUS is silent regarding medial branch therapeutic blocks. ODG recommends "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus 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). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." The medical records do not meet the above guidelines and he only had 60% improvement after his initial diagnostic block. He received a 2nd diagnostic block with a reported 80% improvement. Three levels for injection are being requested. ACOEM "does not recommend Diagnostic Blocks." Similarly, Up to Date states "Facet joint injection and medial branch block." Glucocorticoid injections into the facet joint have not been shown to be effective in the treatment of low back pain. A 2009 American Pain Society guideline recommends against their use. The request is for 3 levels to be blocked which is in excess of the guidelines. As such, the request for Bilateral L3-S1 Medial Branch Block Injection is not medically necessary at this time.