

Case Number:	CM15-0076388		
Date Assigned:	04/28/2015	Date of Injury:	05/08/2002
Decision Date:	06/15/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/21/2015

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:

The injured worker is a 41 year old male who sustained an industrial injury on 05/08/2002. The injured worker was diagnosed with degenerative disc disease, facet arthropathy and stenosis at L4-5 and L5-S1, chronic lumbago and right leg radiculopathy. Treatment to date includes diagnostic testing with latest lumbar spine magnetic resonance imaging (MRI) on January 13, 2015, injections, transcutaneous electrical nerve stimulation (TEN's) unit and medications. The injured worker is status post L5-S1 laminotomy discectomy in 2007, bilateral facet blocks in August 2012, radiofrequency ablation in November 2012, right L3-L4 nerve root block on May 12, 2014, bilateral lumbar facet blocks L4-L5 and L5-S1 on November 24, 2014. According to the primary treating physician's progress report on March 23, 2015 the injured worker continues to experience low back pain with pain and numbness down the bilateral lower extremities to the feet. The injured worker rates his pain at 8/10 without medications and 6/10 with medications. Examination of the lumbar spine demonstrated tenderness to palpation of the paravertebral muscles bilaterally. Sensory is intact bilaterally. There is no tenderness over the sciatic notches, sacroiliac (SI) joints and coccyx. Facet loading test was positive. Range of motion is decreased with flexion and minimally with extension. Right and left lateral bends are within normal limits. The injured worker has a normal gait. Current medications are listed as Vicodin, Celebrex, Valium and Lidoderm Patches. Treatment plan consists of modified restrictions, medications and the current request for one bilateral medial branch blocks to L4-L5-S1 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Set Of Medial Branch Blocks Bilaterally At L4-L5 And L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Lumbar & Thoracic) (Acute & Chronic).

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) ODG, Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418: Not recommended except as a diagnostic tool. Therapeutic facet joint injections are not recommended for acute, subacute, or chronic LBP or for any radicular pain syndrome.

Decision rationale: Per ODG, 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, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms s/p multiple injections including discectomy with continued radiating pain and numbness down the lower extremity for diagnosis to include right leg radiculopathy. Submitted reports are without documented failed conservative trial. The patient has only noted minimal pain relief with unchanged medication profile post recent facet injections with history of previous radiofrequency ablation. It is unclear what response resulted from physical therapy or other conservative treatment modalities. Previous medial branch blocks and RFA are noted to provide relief; however, no specific duration is identified, increased ADLs, functional status, decrease in medication dosages, or medical utilization are demonstrated. Additionally, facet injections are not recommended over 2 joint levels concurrently or in patient with exhibited spinal stenosis as in this case. Submitted reports have not demonstrated support outside guidelines criteria for repeating the lumbar blocks. The 1 set of medial branch blocks bilaterally at L4-L5 and L5-S1 is not medically necessary and appropriate.