

Case Number:	CM15-0079850		
Date Assigned:	04/30/2015	Date of Injury:	10/21/2008
Decision Date:	05/29/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/27/2015

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 50 year old male, who sustained an industrial injury on 10/21/2008. He reported an injury to his lower back. The injured worker is currently diagnosed as having low back pain, inflammation of sacroiliac joint, lumbar radiculitis, fibromyositis, lumbar degenerative disc disease, lumbar post-laminectomy syndrome, sacroiliitis, and myofasciitis. Treatment and diagnostics to date has included lumbosacral x-rays, lumbar spine MRI, lumbar spine fusion, sacroiliac joint injection, physical therapy, and medications. In a progress note dated 03/02/2015, the injured worker presented with complaints of low back pain. The treating physician reported requesting authorization for bilateral lumbar medial branch blocks.

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 at L4-S1 with fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Facet joint diagnostic injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: The patient is s/p lumbar laminectomy and allograft fusion at L4-5 and L5-S1 on 8/11/10 with hardware removal on 6/8/12. The patient underwent recent S1 block on 11/26/14 with 70% relief of unknown duration; however, did note radicular symptoms along with numbness and tingling in the right lower leg. X-rays on 2/27/15 showed no instability; MRI on 1/5/15 showed no enhancement, stenosis, or foraminal narrowing. Current request is for injection at previous fusion site. Per ODG, facet blocks are not recommended except as a diagnostic tool for 2 maximum vertebral levels as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy; however, the patient underwent 3 level bilateral medial branch blocks with only 2 days pain relief without specific clinical or functional improvement. Additionally, facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg pain complaints with neurological deficits in the lower extremities on exam without clear facet signs or imaging correlation. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral lumbar medial branch block at L4-S1 with fluoroscopy is not medically necessary and appropriate.