

Case Number:	CM14-0033563		
Date Assigned:	06/20/2014	Date of Injury:	03/02/2010
Decision Date:	08/19/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/17/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old male who reported an injury on 03/02/2010 as a result of repetitive heavy lifting of his duty belt. The injured worker has a history of lower left back pain with a diagnosis of sacroiliac joint pain, lumbar facet joint arthropathy, lumbar degenerative disc disease, and lumbar sprain/strain. The injured worker has a left L4 facet joint nerve block along with a left L5 facet joint block and a left S1 facet joint nerve block. Per the 04/29/2014 clinical note, the injured worker's physical examination of the lumbar spine revealed restricted pain in all directions, tenderness upon palpation of the lumbar paraspinal muscles overlaying at the left L4 to the S1 facet joints, pain with extension and flexion, Patrick's, Gaenslen's revealed tenderness on both the sacroiliac joints and positive on the left. The muscle strength reflexes were 5/5 to all the limbs. The medication included Norco 10/325 mg. The treatment plan included medial branch block at the L4-5 and the L5-S1, continue Norco, and follow up visit. The rationale for the medial branch block was not provided. The Request for Authorization was dated 11/29/2013 and it was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 diagnostic medial branch block at left L4-5: 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) WEB;

2004: Facet joint diagnostic blocks (injections); Criteria for use of therapeutic intra-articular and medial branch blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (acute & chronic) Facet joint Blocks.

Decision rationale: The Official Disability Guidelines indicates the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment a procedure that is still considered under study). Per the clinical notes the injured worker is getting a 70 percent pain relief with the hydrocodone 10/325. There was no evidence that the conservative care had failed. No more than 2 facet joint levels are recommended, per the clinical noted dated 03/02/2010 a medial branch block was performed at three levels. Per the clinical notes the injured worker is getting a 70 percent pain relief with the hydrocodone 10/325. There was no evidence that the conservative care had failed. No more than 2 facet joint levels are recommended, per the clinical noted dated 03/02/2010 a medial branch block was performed at three levels. As such the request is not medically necessary.

1 diagnostic medial branch block at left L5-S1: 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) WEB; 2004: Facet joint diagnostic blocks (injections); Criteria for use of therapeutic intra-articular and medial branch blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (acute & chronic) Facet joint Blocks.

Decision rationale: The Official Disability Guidelines indicates the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, one set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than one set of medial branch diagnostic

blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment a procedure that is still considered under study). Per the clinical notes the injured worker is getting a 70 percent pain relief with the hydrocodone 10/325. There was no evidence that the conservative care had failed. No more than 2 facet joint levels are recommended, per the clinical notes dated 03/02/2010 a medial branch block was performed at three levels. As such the request is not medically necessary.

Fluoroscopic guidance for medial branch blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back lumbar & thoracic (acute & chronic).

Decision rationale: Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy. Since the primary procedure (the request for medial branch block) is not medically necessary, then the associated service (Fluoroscopic guidance for medical branch blocks) is not medically necessary.