

Case Number:	CM14-0109956		
Date Assigned:	08/01/2014	Date of Injury:	08/30/2002
Decision Date:	11/25/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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:

This is a 43-year-old female with a date of industrial injury 8-30-2002. The medical records indicated the injured worker (IW) was treated for lumbar degenerative disc disease; left radiculopathy; and rule out lumbar facet-mediated pain. In the progress notes (6-4-14), the IW reported she had no low back pain; pain was 5 out of 10 last visit. On examination (4-16-14, 6-4-15 notes), there was tenderness to the bilateral lower back and severe pain with lumbar extension and rotation. Lower extremity motor strength and reflexes were within normal limits. Sensation was mildly decreased in the S1 distribution. Treatments included facet blocks (5-20-14), which reduced her low back pain from 8 out of 10 to 0 out of 10 and epidural steroid injection (3-31-14), which decreased her leg pain from 7 out of 10 to 3 out of 10. The IW was unemployed. A Request for Authorization dated 6-18-14 was received for second set of confirmatory right lumbar medial branch blocks L4-5, L5-S1, as an outpatient. The Utilization Review on 6-25-14 non-certified the request for second set of confirmatory right lumbar medial branch blocks L4-5, L5-S1, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second set of confirmatory Right Lumbar Medial Branch Blocks L4-5, L5-S1, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Low Back, Table 2, Summary of Recommendations, Low Back Disorders.

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 Chapter, under Facet Joint Diagnostic Blocks.

Decision rationale: The current request is for Second set of confirmatory Right Lumbar Medial Branch Blocks L4-5, L5-S1, as an outpatient. Treatments included facet blocks (5-20-14), epidural steroid injection (3-31-14), physical therapy, and medications. The patient is not working. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks states: "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." Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet-neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet "mediated" pain: 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." Per report 06/04/14, the patient presents with low back pain. On examination, there was tenderness to the bilateral lower back and severe pain with lumbar extension and rotation. Lower extremity motor strength and reflexes were within normal limits. Sensation was mildly decreased in the S1 distribution. The treater requested a second confirmatory right medial branch block at L4-5 and L5-S1, as the prior block decreased pain from 8/10 to 0/10. ODG only supports the use of medial branch blocks as a diagnostic measure prior to facet rhizotomy, and specifically recommends against repeat injections as a therapeutic measure. While this patient did report relief of symptoms following the previous injection, the guidelines do not support repeat blocks. Therefore, the request is not medically necessary.