

Case Number:	CM13-0007929		
Date Assigned:	06/06/2014	Date of Injury:	05/10/2012
Decision Date:	08/06/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/07/2013

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 Emergency Medicine, and is licensed to practice in California. 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 58 year-old male, who sustained an injury on May 10, 2012. The mechanism of injury occurred from repetitive lifting of heavy concrete flooring. Findings from an exam dated July 27, 2012, included complaints of non-radiating low back pain without numbness or tingling. Physical exam showed negative straight leg raising tests; intact reflexes, sensation, and motor strength to the lower extremities; painful extension range of motion. An electrodiagnostic exam dated July 22, 2013 was reported as showing right L5 and S1 radiculopathies. A lumbar spine MRI dated July 10, 2012 was reported as showing degenerative bone and disc changes at multiple levels with mild thecal sac encroachment without nerve root encroachment and mild L4-5 and L5-S1 facet arthropathy. Treatments have included medications, physical therapy, home exercise program, and lumbar medial branch blocks. The current diagnoses are multi-level lumbar disc bulges at L3-4 and L5-S1; lumbar facet hypertrophy at L4-5 and L1-2; right-sided L5-S1 lumbar radiculopathy; chronic myofascial pain syndrome; lumbar facet syndrome. Per the report dated July 17, 2013, the treating physician noted that the injured worker complains of low back pain, and reported 100% relief for one week after lumbar medial branch blocks. Exam showed lumbar paravertebral muscle spasms, lumbar facet joint tenderness, positive bilateral straight leg raising tests, restricted lumbar range of motion, motor strength at 4/5, and normal sensory exam of the legs. Per the most recent report, dated May 30, 2014, the injured worker reported 60% pain relief after radiofrequency lesioning of the low back, with occasional shooting pain in the left leg with numbness and tingling. Exam showed improved lumbar range of motion, reduced lumbar tenderness and spasm, normal lower extremity motor and sensory exam, mildly positive hyperextension maneuver.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3, L4, AND L5 MEDIAL BRANCH RADIOFREQUENCY LESIONING:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Per the California MTUS/ACOEM guidelines, lumbar facet neurotomies produce mixed results and should be performed only after medial branch blocks. The Official Disability Guidelines recommend facet neurotomies if diagnostic medial branch blocks are successful: initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks. Afterward, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy, if the medial branch block is positive. No more than 2 joint levels may be blocked at any one time. The treating physician has documented that the injured worker had 100% relief for one week after lumbar medial branch blocks, performed at L3 and L4 bilaterally on June 26, 2013. However, referenced guidelines recommend no more than two levels at a time, and facet arthropathy was documented on imaging study only at L4-5 and L5-S1 and that the diagnostic medial branch blocks were performed only at L3 and L4. As such, the request is not medically necessary.