MAXIMUS Federal Services

Case Number:	CM13-0007974		
Date Assigned:	01/10/2014	Date of Injury:	07/06/2012
Decision Date:	04/30/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 patient is a 52 year old male who was injured on 07/06/2012 from a fall from a ladder. Prior treatment history has included medications, physical therapy and chiropractic therapy. Diagnostic studies reviewed include an MRI of the lumbar spine dated 03/29/2013 with the following impression: 1. Minimal remote anterior wedging of the T12 vertebra. 2. There is no disc protrusion or central canal narrowing. 3. There is mild facet arthropathy. 4. There is a 1mm midline disc bulge at L3-L4. 5. On the scout images, there is a possibility of a lesion involving the lateral aspect of the mid left kidney. EMG/NCV dated 04/25/2013 revealed: 1. No electrical evidence of a lumbar radiculopathy or plexopathy affecting the L3 through S1 lower motor nerve fibers of the bilateral lower extremities or the corresponding lumbar paraspinals. 2. No electrical evidence of a peripheral neuropathy affecting the bilateral lower extremities. PR-2 dated 11/12/2013 documented the patient to have complaints of low back pain with lengthy standing and weight bearing type activities. He is also complaining of sexual dysfunction with painful erection. Objective findings on exam of the lumbar spine reveal tenderness to palpation with slight muscle spasm over paravertebral musculature and lumbosacral junction. Straight leg raise test elicits radicular symptoms to the lumbar spine. Range of motion of the lumbar spine is measured as follows: Flexion 44 degrees, extension 12 degrees, right side bending 16 degrees and left side bending 17 degrees. Pain is present upon extension and flexion. Diagnoses: 1. Lumbosacral musculoligamentous strain/sprain post blunt trauma with right greater than left lower extremity. 2. Status post contusion right distal posterior lateral thigh and right proximal posterolateral lower leg. 3. Complaints of anxiety with associated sleep difficulties secondary to physical pain/limitations, deferred. Treatment Plan: [redacted], pain management consultant, in his report dated 08/28/2013 has recommended lumbar spine bilateral L3-L5 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation in consideration of lumbar facet blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index , 11th edition, Facet Block Injections.

Decision rationale: CA MTUS details: "if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary". Furthermore as per the ODG: "criteria for the use of diagnostic blocks for facet mediated pain: clinical presentation should be consistent with facet joint pain, signs and symptoms. 1. One set of diagnostic medial branch blocks is required with a response rate of 70%. The pain response should last at least two hours for lidocaine. 2. Limited to patients with low back pain that is nonradicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment which would include home exercise, physical therapy and NSAIDs prior to the procedure for at least 4-6 weeks. 4. No more than two facet joint levels are injected in one session." The patient is noted with complaints of low back pain despite medications, physical therapy, and chiropractic therapy. There is documentation noting flexion to 45Â°, extension to 13Â°, right/left side bending is 17Â°, tenderness of the paravertebral muscles, and positive straight leg raise. An MRI report dated March 29, 2013 of the lumbar spine revealed minimal remote anterior wedging of the T12 vertebra, there is no disc bulge at L3-4. Therefore, this request should be modified to allow for pain management consultant to determine if the lumbar facet blocks are medically necessary.