

Case Number:	CM13-0020000		
Date Assigned:	10/11/2013	Date of Injury:	01/27/2012
Decision Date:	01/23/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/04/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 46-year-old female who sustained an injury on 01/27/12. The mechanism of injury and involved body part/s were not stated. The current diagnoses are lumbar spine strain/sprain; lumbar MRI evidence of annular tear at L4-L5, grade 1 anterolisthesis of L4 over L5, and bilateral facet hypertrophy; lumbar spine/left lower extremity radiculopathy; and L4-L5 facet syndrome. A request was made for a lumbar Medial branch block at bilateral L3-L4. A lumbar MRI in 07/2012 showed facet hypertrophic changes at L4-L5. Previous treatment is comprised of HEP and rest. She had lumbar radiculopathy secondary to disc bulges at L3-L4, L4-L5, and L5-S1. She received a lumbar ESI at L4-L5 on 04/16/13 that provided very little relief. The patient presented on 07/24/13 with persistent lumbar pain graded 9/10 associated with left lower extremity symptoms. She was not taking any medications at that time. Examination revealed a slow antalgic gait, limited lumbar ROM (20-50 degrees extension-flexion, 20 degrees lateral rotation, and 20 degrees lateral flexion), paralumbar spasms, L4-L5 facet joint tenderness, and painful facet loading test.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral medial branch block at the L3-4: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet Joint Injections.

Decision rationale: According to ACOEM guidelines, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients. There is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet presenting in the transitional phase between acute and chronic pain neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Based on the above, the request for bilateral median branch block at L4-L5 is not medically necessary since all the guideline criteria are not met, besides having had an Epidural Steroid Injection at L4-5 on 04/16/13 that reportedly provided little relief of symptoms according to medical records provided for review.