

Case Number:	CM13-0033772		
Date Assigned:	12/06/2013	Date of Injury:	01/21/2012
Decision Date:	03/04/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/10/2013

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, District of Columbia, Maryland, and Florida. 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 50-year-old truck driver who has an admitted injury of back and right leg resulting from a motor vehicle accident on January 21, 2012. The patient was sleeping in the truck which was driven by [REDACTED] (other member). The patient previously had a right leg injury in 1982 resulting from a motor vehicle accident with the leg in cast for two months. The patient denies any other injury. He had abdominal and urologic injury during a robbery in 1994. According to the Pain Medicine Re-Evaluation Authorization request dated 7/29/13 by [REDACTED], the patient complained of low back pain that radiated to the right lower extremity to the level of foot. The back pain was associated with tingling in the lower extremity. The pain was decreased with average pain level of 10/10 with medications and 7/10 without medications. The patient reported activity of daily living limitations in the following areas: activity, ambulation, sleep and sex. On examination, the patient was in slight distress. There was spinal vertebral tenderness noted in the lumbar spine at the L4-S1 level. There was lumbar myofascial tenderness noted on palpation. Straight leg raise with the patient in the seated position and the leg fully extended was negative on the bilateral lower extremities for radicular pain. Patrick's test was performed and noted to be positive on the right. There were positive facet signs at L4-L5, and L4-S1. The patient's diagnoses were lumbar facet arthropathy (721.3); and chronic pain, other. Diagnostic imaging and other therapies: Magnetic resonance imaging (MRI) of the lumbar spine without contrast dated 4/5/12 interpreted by Louis Teresi, MD, documented, "Conclusion: L5-S1 level: Moderate degeneration intraarticular facets with associated hypertrophy of the ligamentum flava. L4-5 level: combined degenerative disc and facet changes result in mild to moderate central canal and bilateral foraminal stenosis. Anterior wedge deformity is noted of the L1 vertebral body with benign hemangioma. The compression

deformity appears chronic." Reason given for request according to the Pain Medicine Re-Evaluation Authorization Request dated 7/29/13 by [REDACTED] the lumbar medial branch nerve blocks were requested as a diagnostic trial to determine the origin of the patient's pain. The patient underwent a prior medial nerve branch nerve block with a positive response as documented by an 80 percent or greater reduction in pain. A repeat diagnostic nerve block was being requested as a confirmatory block prior to considering radio-frequency neurotomy. The current request is for a Bilateral L4-L5, L5-S1 Medial Branch Nerve Block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5, L5-S1 medial branch nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 (ODG) -TWC-Pain (Chronic)

Decision rationale: The Official Disability Guidelines (ODG) does not support this procedure in patients with a history of radicular pain. In addition, MTUS does not support facet injections. The ACOEM Guidelines, states "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit". Furthermore, there is no documentation that the patient tried physical therapy or home exercises prior to this request. The request for Bilateral L4-L5, L5-S1 medial branch nerve block is not not medically necessary and appropriate.