

Case Number:	CM13-0049403		
Date Assigned:	12/27/2013	Date of Injury:	05/05/2003
Decision Date:	12/04/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/07/2013

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 Orthopedic Surgery 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:

This is a 48-year-old female with a 5/5/03 date of injury. The mechanism of injury involved falling on her back. The patient was most recently seen on 9/17/13 during an initial pain management consultation visit, when the patient complained of significant low back pain. The documentation stated that the low back pain had limited the patient's activities of daily living, i.e. personal hygiene, house cleaning, etc. Exam findings of the L-spine revealed diffuse tenderness over the L4-L5 facets, limited range of motion of the L-spine in all directions, a negative straight leg raise test, and intact motor functions, sensation, and deep tendon reflexes in all extremities. The patient's medications included Lidoderm patches, ibuprofen, Tylenol #3, and Norco. The patient's diagnoses included lumbar discogenic disease and lumbar facet arthropathy. An MRI L-spine dated 7/23/13 was noted to show disc desiccation at the L4-L5 and L5-S1 levels with complete loss of disc height at the L5-S1 level. There was also bilateral pars defect at the L5-S1 and modic type II endplate changes at the L5-S1 level. Furthermore, at the L4-L5 level, there was diffuse disc protrusion with right neural foraminal stenosis at the L5-S1 level. There was also a grade II anterolisthesis at L5 over the S1 which noted a 1.4-mm transition between flexion and extension. A primary treating physician letter dated 10/11/13 stated that the patient experienced tenderness to palpation over L4-L5 and L5-S1 region. The documentation also noted that the patient underwent 24 sessions of physical therapy and chiropractic therapy, 12 acupuncture sessions, and a weight loss program with limited improvement. A diagnostic bilateral lumbar facet block at L4-L5 and L5-S1 was recommended by the pain management specialist to decrease the patient's pain and to determine if rhizotomy would be appropriate for the patient. The patient preferred and agreed to this procedure prior to more invasive treatment, i.e. surgery. Treatment to date: medications, epidural steroid injections (right hip, right buttock with minimal improvement), physical therapy, chiropractic therapy, acupuncture therapy,

electrostimulation treatment, weight loss program. An adverse determination was received on 10/9/13 due to the lack of indication of facet-mediated pain over L5-S1 and the lack of documentation of a failure of a recent physical therapy regimen that addressed the patient's current condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

A DIAGNOSTIC BILATERAL LUMBAR FACET BLOCK AT L4-5 AND L5-S1:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

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

Decision rationale: CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. This patient had experienced low back pain since her injury in 2003 and received extensive conservative therapy (i.e. medications, 24 sessions of physical therapy and chiropractic therapy, 12 acupuncture sessions, and a weight loss program) with limited improvement in pain level or functional status. In fact, the documentation indicated worsening functional status due to pain, with decreasing ability to perform activities of daily living. The patient did not have any neurological deficits on exam but experienced tenderness upon palpation over the L4-L5 and L5-S1 levels. An MRI L-spine dated 7/23/13 showed extensive spinal pathology, including disc desiccation at the L4-L5 and L5-S1 levels and bilateral pars defect at the L5-S1, in addition to modic type II endplate changes at the L5-S1 level. There was also diffuse disc protrusion at L4-L5 with right neural foraminal stenosis at the L5-S1 level, and a grade II anterolisthesis at L5 over the S1 which noted a 1.4-mm transition between flexion and extension. Given the patient's prolonged and significant low back pain, in addition to worsening functional status despite extensive conservative treatment, a diagnostic bilateral lumbar facet block to aid in relieving the patient's pain and to determine if a rhizotomy would be of benefit for the patient is appropriate. Furthermore, the documentation noted that the patient preferred to undergo this procedure prior to more invasive treatment such as surgery. Therefore, the request for a diagnostic bilateral lumbar facet block at L4-L5 and L5-S1 was medically necessary.