

Case Number:	CM13-0055509		
Date Assigned:	12/30/2013	Date of Injury:	07/06/2010
Decision Date:	03/26/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and Rehabilitation, Pain Medicine, and is licensed to practice in Texas and Ohio. 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:

This is a 52-year-old male patient who reported a work related injury on 07/06/2010 and the mechanism of injury was while lifting an electric hammer, the patient pulled a muscle in back. Diagnoses were lumbar radiculopathy, lumbar facet arthropathy, and chronic pain. An official MRI of the lumbar spine on 05/04/2011 revealed at L3-4, facet and ligamentum flavum hypertrophy which produced spinal canal narrowing. At L4-5, there was a 4.3 mm disc protrusion combined with facet and ligamentum flavum hypertrophy which produced spinal canal narrowing and neural foraminal narrowing. There was a straightening of the lumbar lordosis which may have been due to myospasm. On physical exam of 07/29/2013, the patient presented with low back pain which was nonradiating. Pain level was increased to 4/10 with and without medications. Ranges of motion of the lumbar spine revealed moderate reduction secondary to pain, with flexion to 60 degrees and extension to 5 degrees. Pain was significantly increased with flexion, extension, and rotation. There was spinal vertebral tenderness over L4-S1. Lumbar myofascial tenderness and paraspinous muscle spasms were also noted on palpation. Treatment recommendations at that time were to include lumbar medial branch blocks at the bilateral L4-S1 level and it is noted that there was evidence that a radiofrequency neurotomy could be effective in relieving or reducing lumbar facet joint pain and the patient would have positive responses to diagnostic lumbar medial branch nerve blocks. Medication listed was tramadol 50 mg. The request was previously reviewed and denied for dates of service 10/23/2013 and 12/07/2013 on the basis that the bilateral lumbar medial branch nerve blocks were not recommended per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch nerve blocks of L4-S1 under fluoroscopy: 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)Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 309.

Decision rationale: The CA MTUS/ACOEM Guidelines state facet-joint injections are of questionable merit. The request for the bilateral lumbar medial branch nerve blocks of L4-S1 is non-certified. Subjectively, on 07/23/2013, the patient did report pain which was increased with flexion and extension and is on medications for back pain. Corroborative findings by MRI did indicate a 4.3 mm disc protrusion combined with facet and ligamentum flavum hypertrophy producing spinal canal narrowing and neural foraminal narrowing, but at L5-S1 there was no significant disc bulge or protrusion and the neural foramina were patent. Given the above, the request is non-certified.