

Case Number:	CM13-0062980		
Date Assigned:	01/17/2014	Date of Injury:	09/18/2011
Decision Date:	05/07/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation, 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 50 year-old male patient sustained a low back injury after moving a pot of soup on 9/18/11 while employed by [REDACTED]. Request under consideration include Bilateral L4 and L5 Medial Branch Blocks. Diagnoses include lumbar spine pain/ lumbar radiculopathy/ post-laminectomy syndrome/ and SI joint arthroplasty. Magnetic resonance imaging (MRI) of the lumbar spine on 11/12/11 showed 3-4 mm disc bulge at L4-5. Diagnostic X-rays on 6/8/13 showed L4-5 fusion. Report of 11/12/13 from the provider noted SI joint was performed on 10/17/13 with 50% relief for several days with return of pain (80% in low back and 20% pain in the lower extremities). Provider noted the patient underwent L4-5 fusion without ongoing pain. Exam showed pain with extension, rotation, and facet loading with axial and low back and lower extremity pain. It was noted the patient had degenerative disc space narrowing at L5-S1 and perhaps axial pain most likely from facet arthropathy at this level. Request for the above lumbar medical branch blocks was non-certified on 11/25/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 and L5 Medial Branch Blocks: 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), Treatment Index, 11th Edition Web, Thoracic and Lumbar Spine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

Decision rationale: This 50 year-old male patient sustained a low back injury after moving a pot of soup on 9/18/11 while employed by [REDACTED]. Request under consideration include Bilateral L4 and L5 Medial Branch Blocks. Diagnoses include lumbar spine pain/ lumbar radiculopathy/ post-laminectomy syndrome/ and SI joint arthroplasty. MRI of the lumbar spine on 11/12/11 showed 3-4 mm disc bulge at L4-5. Diagnostic X-rays on 6/8/13 showed L4-5 fusion. Report of 11/12/13 from the provider noted SI joint was performed on 10/17/13 with 50% relief for several days with return of pain (80% in low back and 20% pain in the lower extremities). Provider noted the patient underwent L4-5 fusion without ongoing pain. Exam showed pain with extension, rotation, and facet loading with axial and low back and lower extremity pain. It was noted the patient had degenerative disc space narrowing at L5-S1 and perhaps axial pain most likely from facet arthropathy at this level. Per Official Disability Guidelines (ODG), facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in patient who may exhibit radicular symptoms as in this injured worker with leg pain complaints. Additionally, facet blocks are not recommended without defined imaging correlation, over 2 joint levels concurrently, or at previous surgical fusion sites as in this case. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral L4 and L5 Medial Branch Blocks are not medically necessary and appropriate.