

Case Number:	CM13-0063675		
Date Assigned:	12/30/2013	Date of Injury:	10/16/2007
Decision Date:	04/04/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/10/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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 60 year old male who was injured on 10/16/07. The patient sustained a work related injury to his back. Prior treatment history has included pain management, physical therapy, chiropractic care, three epidural injections, and H-wave therapy with a back brace. He also received acupuncture with no significant relief. The patient underwent L4-5 lumbar discectomy and foraminotomy on 9/8/12. His medication history includes Vicoprofen twice per day, Tramadol 3 times per day, Xanax for insomnia and anxiety, Gabapentin, Synovacin, Omeprazole, Ultracet, and Soma. An MRI of the lumbar spine performed on 9/12/12 revealed a 2mm broad-based posterior disc protrusion at several levels of the lumbar spine. A clinic note dated 9/20/13 documented the patient to have complaints of continued constant lower back pain ranging between 6-8/10. It is also disturbing his sleeping pattern. Objective findings on exam revealed the lumbar spine was remarkable for a 4 inch cervical scar over the left paramedian L4-5 and S1 levels. There was severe tenderness of the musculature on the left side at L4-5 and L5-S1 level, moderate pain on the right; moderate pain at the levels above at the L2-3 and L1 level and mild sacroiliac joint tenderness; trigger points were noted over the multifidus and latissimus dorsi muscles at the L4-5 and L5-S1 level. The extremities revealed no clubbing, cyanosis, or edema. Neurological examination of the cranial nerves II through XII was grossly intact. A qualified medical exam dated 7/2/13 indicated that the patient's symptoms continued to be consistent of pain in his lower back and pain radiating to the left leg and foot. He stands with a left lumbar list with his weight predominantly on his right lower extremity with his left hip and knee slightly flexed. When attempted to get lumbar spine range motion measurements with two inclinometers, the patient simply could not cooperate. There are no valid readings for lumbar or sacral range of motion, as they were unobtainable. The deep tendon reflexes were 1+ at the knees and trace at the ankles; measurement of the dorsiflexion of the great toe was approximately 4/5

left, 5/5 right; dorsalis pedis and posterior tibial pulses were 1+ and symmetrical. The patient was diagnosed with degenerative joint disease; herniated nucleus pulposus; disc herniation at L4-5; lumbar foraminal stenosis; lumbar radiculopathy; lumbar instability; bilateral lower extremity radiculopathy; and sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for bilateral lumbar facet joint medial branch block at L3-4, L4-5, and L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and Physical Medicine and Rehabilitation, 3rd Edition, 2007. Chapter 41, Low Back Pain, pages 883-928

Decision rationale: According to the Official Disability Guidelines, lumbar facet joint medial branch blocks as therapeutic injections, are not recommended, and may only be considered as a diagnostic tool. The guidelines indicate consideration for lumbar facet joint medial branch blocks require relevant criteria be met. Such as, the injections must be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The medical records show that the patient continues to complain of pain in his lower back and pain radiating to the left leg and foot, with objective findings of ongoing radiculopathy. Facet injections are not recommended in the presences of radiculopathy. The request for facet injections at multiple lumbar levels and in the presence of noted radicular complaints, is not supported by the guidelines. Furthermore, the medical records do not document clinical findings that support the existence of facet-mediated pain. Therefore, the medical necessity of bilateral lumbar facet joint medial branch blocks at L3-4, L4-5, and L5-S1 has not been established. The request is noncertified.