

Case Number:	CM13-0068759		
Date Assigned:	01/03/2014	Date of Injury:	08/21/2001
Decision Date:	06/13/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/20/2013

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, has a subspecialty in Spine Surgery, and is licensed to practice in Texas and 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:

The injured worker is a 42 year old male who reported an injury on 08/21/2001 due to an unknown mechanism. The clinical note dated 12/04/2013 indicated diagnoses of degenerative lumbosacral intervetebral disc/postlaminectomy syndrome lumbar region, lumbago, thoracic or lumbosacral neuritis or radiculitis, spasms of the muscles, unspecified myalgia and myositis. The injured worker reported average pain of 7/10 and a functional level of 5/10. On physical exam, there was hip and leg pain bilaterally. The injured worker had limited active range of motion and tenderness with spasms over the paralumbar muscles. The injured worker ambulated with a mildly antalgic gait and needed a cane. The injured worker's medication regimen included Zanaflex, Subays, Oxycontin, Percocet, Abstral, Soma and Elavil. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT MEDIAL BRANCH BLOCK AT L2, 3, 4, 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint diagnostic blocks (injections).

Decision rationale: The request for left medial branch block at L2,3,4,5 is not medically necessary. The American College of Occupational and Environmental Medicine, (ACOEM) 2nd Edition state lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines (ODG) indicate the performance of medial branch blocks is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The guidelines recommend no more than 2 facet joint levels are injected in one session (see above for medial branch block levels); the submitted request is for 3. Therefore, per the ACOEM and ODG guidelines, the request for left medial branch block at L2, 3, 4, 5 is not medically necessary.

CONSULT WITH SURGEON FOR SURGICAL OPTIONS IN REGARDS TO HARDWARE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127, 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The request for consult with surgeon for surgical options in regards to hardware is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) recommends referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise activity limitations due to radiating leg pain for more than one month, or extreme progression of lower leg symptoms with clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair failure of conservative treatment to resolve disabling radicular symptoms. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery which would necessitate the injured workers need for a referral. The requesting physicians rationale for the request was unclear. Therefore, the request for surgical consult is not medically necessary.