

Case Number:	CM13-0071184		
Date Assigned:	01/17/2014	Date of Injury:	07/10/2011
Decision Date:	08/25/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/26/2013

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 & Rehabilitation and is licensed to practice in Arizona. 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 patient is a 52-year-old gentleman who suffered work-related injury on 7/10/2011. Details of the injury are not provided in the records. He has been suffering from significant back pain. Following the injury, he was diagnosed with lumbar spinal stenosis and underwent lumbar laminectomy in 2011. He continues to complain of back pain and has received physical therapy and several medications as well as epidural injections. He has been followed by his orthopedic managing physician. He was complaining of significant back pain getting worse with increased activities and extension exercises. He was seen in the office and was found to have significant antalgic gait. He has limited range of motion of the lumbar spine, tenderness noted along the spinous processes as well as the lumbar paraspinal region with limited flexion and extension. Motor and sensory function of the lower extremities was normal. Magnetic resonance imaging (MRI) of the lumbar spine had shown facet arthropathy, significant L5-S1 disc degeneration with annular tear and postoperative changes but no significant spinal stenosis. Therefore in October 2013, the managing physician diagnosed facet joint pain based on the clinical and MRI findings. He therefore suggested L4-5 and L5-S1 medial branch facet blocks. He also commented that the patient is quite motivated to improve and wanted to go back to work. He also wanted the patient to try avoiding a big lumbar fusion. The patient had been taking significant amount of medication including OxyContin, hydrocodone, Flexeril and ibuprofen. He is also a diabetic and a smoker. A medical reviewer denied and did not certify the need for medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH NERVE BLOCK AT THE BILATERAL L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Medial Branch Blocks.

Decision rationale: Literature and evidence regarding diagnostic medial branch blocks and subsequent radiofrequency neurotomy is conflicted. There are no definitive studies confirming the long-term usefulness of these procedures. Official disability guidelines have significant details regarding the diagnostic and therapeutic medial branch/facet procedures. Clinically and from imaging studies, it is not always easy to confirm facet joint mediated pain. If strong suspicion is present, medial branch block as a diagnostic tool can be helpful. This patient has both disc degeneration and possible facet joint mediated pain. Facet joint pain does not generally exist in isolation, it is almost always accompanied by disc degeneration .if there is a strong suspicion that facet joint pain is predominant, the diagnostic medial branch block can be helpful. However, in this case, because of the complex picture with significant disc degeneration being prominent on the magnetic resonance imaging (MRI), it is probably unlikely that he would benefit adequately from radiofrequency ablation, therefore diagnostic medial branch block does not appear to be necessary.