

Case Number:	CM14-0000413		
Date Assigned:	01/10/2014	Date of Injury:	11/05/2002
Decision Date:	04/22/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/02/2014

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, has a subspecialty in Pain Management 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 is a male patient with the date of injury of November 5, 2002. A utilization review determination dated December 27, 2013 recommends noncertification for 2 bilateral L4 and L5 medial branch blocks. Noncertification is recommended due to unresolved radicular pain. An appeal letter dated December 31, 2013 states, "he has just tried to find mere excuse to deny medial branch blocks with given rationale that patient has a radicular pain in the legs. I clearly documented that patient has occasional radicular pain in legs, but mostly localized low back pain axially radiating in mid back area. Pain could be multi-factorial so [REDACTED] should understand the patient may have facet mediated pain. That is why diagnostic bilateral L4 and L5 medial branch block has been recommended [SIC]." A progress report dated December 11, 2013 identifies a subjective complaints of severe constant localized low back pain axially radiating into mid back area and occasionally shooting down legs, left more than right with tingling, numbness, and paresthesia. Objective examination findings identify localized tenderness in the lumbar facet joint area at L3-L4, L4-L5, and L5-S1 levels. Hyperextension maneuver of the lumbar spine is positive. Motor strength is 5/5 and there is non-dermatomal diminished sensation to light touch in the right leg. Diagnoses included lumbar facet hypertrophy from L3-S1, left sided L5-S1 lumbar radiculopathy, advanced lumbar degenerative disc disease, lumbar facet syndrome, past history of over use of narcotics, chronic myofascial pain syndrome, and depression. The treatment plan recommends bilateral L4 and L5 diagnostic medial branch blocks, "As patient is having lumbar facet hypertrophy at L3-4, L4-L5, and L5-S1 level." If he gets more than 70% pain relief than he would be a candidate for radiofrequency lesioning. The note recommends continuing medications including range of motion stretching, strengthening, and spine stabilization home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO BILATERAL L4 & L5 MEDIAL BRANCH BLOCKS FOR LUMBAR INJURY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 & 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for "to bilateral L4 and L5 medial branch blocks," Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it is acknowledged that the requesting physician has indicated that the patient's pain is primarily axial with intermittent radicular symptoms. However, it is unclear how the requesting physician has decided to perform medial branch blocks at the L4 and L5 levels when he states that the patient's symptoms affect L3-4, L4-5, and L5-S1. Additionally, the current request is for 2 bilateral injections. Guidelines do not support the use of a series of medial branch blocks. They recommend the use of one medial branch block and then proceeding to radiofrequency ablation if the medial branch block is successful. Unfortunately, there is no provision to modify the current request. As such, the currently requested "to bilateral L4 and L5 medial branch blocks," are not medically necessary.