

Case Number:	CM14-0004546		
Date Assigned:	02/05/2014	Date of Injury:	12/18/1993
Decision Date:	06/27/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, 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:

The patient is a 72-year-old male who has submitted a claim for chronic low back pain status post left hemilaminectomy at L4 and L5, lumbar facet arthropathy, radiculopathy, disc displacement and rupture, degenerative disc disease associated with an industrial injury date of December 18, 1993. Medical records from 2013 were reviewed, the latest of which (December 10, 2013) revealed that the patient reported 75% improvement of low back pain and radiculopathy symptoms after lumbar epidural steroid injection done on November 21, 2013. He denies any complication from the procedure and he continues with his home exercise program, gentle stretching and NSAIDs. On physical examination, there is mildly weaker quadriceps flexion at 3+/5 on the left versus 4+/5 on the right. Straight leg raise is mildly positive on the left side. Gait is mildly antalgic with bend knee forward stepping position. There is tenderness over the L4-L5 and L5-S1 facet joints, left greater than the right. There is some radicular snapping band tenderness through the quadratus lumborum as well as in the gluteus medius on the left. There is exacerbation of pain with extension, lateral flexion and rotation of the thoracolumbar spine, left greater than the right. MRI of the lumbar spine done on June 27, 2011 revealed chronic degenerative disc changes at L4-5 and L5-S1. Postoperative changes of partial left hemilaminectomies at L4 and L5. There was minimal posterior disc bulging and osteophyte complex in both L4-5 and L5-S1 levels. There is minimal disc and osteophyte encroachment on the inferior aspect of the L4-5 and L5-S1 neural foramina but no significant foraminal stenosis seen. Treatment to date has included left hemilaminectomy at L4 and L5 (1991), right L5-S1 transforaminal epidural steroid injection and left L5-S1 transforaminal epidural steroid injection (11/21/13), a home exercise program, and medications which include Aleve, Naprosyn, ibuprofen and Lidoderm topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL MEDIAL BRANCH BLOCKS/FACET BLOCKS TO L4-5 AND L5-S1:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: As stated on page 300 of the ACOEM Practice Guidelines, facet injections for non-radicular facet mediated pain are guideline recommended. In addition, the Official Disability Guidelines state that medial branch blocks are not recommended except as a diagnostic tool and there is minimal evidence for treatment. Criteria for the use of diagnostic blocks for facet mediated pain include one set of diagnostic medial branch blocks with a response of greater than or equal to 70%. They are limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally. There should also be documentation of a failure of conservative treatment prior to the procedure for at least 4-6 weeks. In this case, the injections were requested to rule out facet arthropathy. An MRI of the lumbar spine done on June 27, 2011 did not document facet arthropathy; however, there is no recent imaging available. The patient presents with radicular signs and symptoms manifested as weakness, positive provocative test, among others. The presence of radiculopathy is an exclusion criterion for medial branch blocks. As such, the request is not medically necessary.