

Case Number:	CM14-0100685		
Date Assigned:	07/30/2014	Date of Injury:	06/27/2012
Decision Date:	10/03/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53 year old male who reported an injury on 08/27/2012 due to an unknown mechanism of injury. The injured worker was diagnosed with depressive disorder, right L5 radicular pain, right shoulder pain, and lumbalgia. The injured worker was treated with medications, chiropractic therapy, acupuncture, and psychotherapy. The injured worker had a trial of lumbar ESI in 12/2012 without much benefit. An unofficial MRI of the lumbar spine performed on 09/11/2012 showed a disc protrusion of 3mm to the right side of L4-5. The injured worker had no surgical history indicated in medical records. The injured worker complained of right sided low back pain that radiated to the right lower extremity rated 9/10 without medication and 6/10 with medication on clinical note dated 05/22/2014. The injured worker had reported he was walking 3 blocks a day which he was not able to do before. The injured worker had tenderness to palpitation to the right side of the low back, increased pain with extension and flexion, and increased right low back pain with straight leg raising. The injured worker was prescribed Norco 10/325 twice a day, Prilosec 20mg once a day, and Neurontin 300mg 2-3 tablets at night. The treatment plan was for right L3, L4, and L5 dorsal medial branch blocks. The rationale for the request was for diagnostic purposes. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3, L4, L5 dorsal medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet joint diagnostic blocks (injections).

Decision rationale: The injured worker is diagnosed with depressive disorder, right L5 radicular pain, right shoulder pain, and lumbalgia. The injured worker complained of right sided low back pain that radiated to the right lower extremity rated 9/10 without medication and 6/10 with medication. The California MTUS/ACOEM guidelines state invasive techniques, such as facet joint injections are of questionable merit. The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Clinical presentation should be consistent with facet joint pain, signs and symptoms. They are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 facet joint levels are to be injected in one session. The injured worker has a diagnosis of radiculopathy at right L5. A neurologic examination was not provided to rule out radicular findings. Also, the medical records lack documentation of the failure of conservative treatment. As such, the request for Right L3, L4, and L5 dorsal medial branch block is not medically necessary.