

Case Number:	CM14-0010766		
Date Assigned:	02/21/2014	Date of Injury:	01/12/2012
Decision Date:	08/06/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine 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 61-year-old who has submitted a claim for lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome associated from an industrial injury date of January 1990 to April 9, 2012. Medical records from 2012-2014 were reviewed, the latest of which dated February 12, 2014 revealed that the patient complained of lumbar pain increased with prolonged sitting or standing. Pain described as moderate, constant, sharp with numbness and weakness. Pain is rated 4-5/10. On physical examination, patient has a slow antalgic gait. There is tenderness in the bilateral paralumbar muscles with spasm. There is limitation in range of motion with flexion to approximately 45 degrees, extension to approximately 15 degrees, right bending to approximately 17 degrees, and left bending to approximately 16 degrees. There is positive straight leg raise test. There is decreased sensation in the right lower extremity. MRI of the lumbar spine dated October 22, 2012 revealed grade 1 anterolisthesis of L4 on L5; moderate facet arthropathy at L4-5 with mild canal stenosis; comminution of grade 1 anterolisthesis of L4 on L5 along with a 2mm circumferential disc protrusion in abutment of the exiting right and left L4 nerve roots. Treatment to date has included right L4-5 and L5-S1 transforaminal epidural steroid injection (on October 25, 2013), physical therapy, chiropractic treatment, home exercise program, neuromuscular stimulation, LSO back brace, and medications that include Norco, Voltaren, Fexmid, Zanaflex, Meloxicam, Robaxin, Flexeril and Salonpas. Utilization review from January 13, 2014 denied the request for bilateral L4-L5 and L5-S1 medial branch blocks because it does not appear that the radiculopathy has been adequately addressed to the point that investigation of the facets, as potential pain generators would be medically appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 medial branch blocks: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: As stated in the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, facet injections for non-radicular facet mediated pain is guideline recommended. In addition, the Official Disability Guidelines states 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%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally; and there is documentation of failure of conservative treatment prior to the procedure for at least four to six weeks. In this case, the bilateral medial branch block was requested to address low back pain. There is documentation of failure of conservative treatment which includes injections, physical therapy, chiropractic treatment, home exercise program, neuromuscular stimulation, LSO back brace, and medications. The patient was diagnosed of lumbar facet syndrome. However, the patient presents with radicular signs and symptoms manifested as weakness, positive provocative test, among others. Presence of radiculopathy is an exclusion criterion for medial branch blocks. The medical necessity for medial branch block was not established. Therefore, the request for bilateral L4-L5 and L5-S1 medial branch blocks is not medically necessary or appropriate.