

Case Number:	CM14-0016100		
Date Assigned:	06/04/2014	Date of Injury:	07/11/2009
Decision Date:	08/08/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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, and is licensed to practice in Illinois. 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 56-year-old female who reported an injury on 7/11/09 due to an unknown mechanism of injury. According to the office note dated 11/27/13, the injured worker had complaints of low back pain with left leg pain, rated at 4/10 on the VAS pain scale. The injured worker reported pain radiated down left leg to the foot. The injured worker stated she had 12 visits of chiropractic treatment, 12 visits of acupuncture, and about 10 visits of physical therapy in the past. Physical examination dated 11/27/13 revealed diffuse tenderness to palpation of the lumbar spine. Lumbar extension was limited to 5 degrees because of increased pain. There was decreased sensation at L4, L5, and S1 dermatomes on the left. Inversion and eversion are 5-/5 on left. Diagnoses for the injured worker were lumbar radiculopathy per EMG, multiple herniated nucleus pulposus of the lumbar spine, and facet arthropathy of the lumbar spine. The injured worker has had two epidural injections for the lumbar spine in the past. She stated that the first injection helped decrease her pain significantly, but the second injection did not alleviate her pain. Medication for the injured worker was Terocin patches as directed. The treatment plan for the injured worker was for medial branch blocks for the lumbar spine bilaterally at the L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK BILATERALLY AT L4-L5: 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): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: On physical examination dated 11/27/13, it was mentioned that the injured worker had an EMG which showed radiculopathy; the study was not submitted for review. The California MTUS/ACOEM states that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Facet joint injections are not recommended for the treatment of low back disorders. The Official Disability Guidelines state that facet joint injections not recommended except as a diagnostic tool and there must be evidence of facet mediated pain that has continued despite conservative care with anticipation of performing a neurotomy in the event the blocks are positive. The documentation indicated the injured worker had findings supportive of radiculopathy which would not be consistent with facet mediated pain. Therefore, the request is not medically necessary.

MEDICAL BRANCH BLOCK BILATERALLY AT 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): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: On physical examination dated 11/27/13, it was mentioned that the injured worker had an EMG which showed radiculopathy; the study was not submitted for review. The California MTUS/ACOEM states that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Facet joint injections are not recommended for the treatment of low back disorders. The Official Disability Guidelines state that facet joint injections not recommended except as a diagnostic tool and there must be evidence of facet mediated pain that has continued despite conservative care with anticipation of performing a neurotomy in the event the blocks are positive. The documentation indicated the injured worker had findings supportive of radiculopathy which would not be consistent with facet mediated pain. Therefore, the request is not medically necessary.