

Case Number:	CM14-0016427		
Date Assigned:	04/11/2014	Date of Injury:	05/06/2000
Decision Date:	06/24/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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:

This is a 65-year-old male who sustained injury on 05/06/2000 with unknown mechanism of injury. Treatment history includes radiofrequency neurotomy (RFN) on 03/10/2011 and 03/24/2011 and medications. MRI of the lumbar spine dated 07/28/2009 showed at L3-4, diffuse disc bulge with ligamentum flavum hypertrophy/facet arthropathy resulting in moderate canal stenosis and mild to moderate bilateral neuroforaminal stenosis. At L4-5, a central disc osteophyte protrusion, slightly asymmetric to the right, along with facet arthropathy, ligamentum flavum hypertrophy, and congenital stenosis of the spine, results in severe canal stenosis as well as effect on the traversing right L5 nerve root. At L5-S1, a disc osteophyte complex contacts both traversing S1 nerve roots. A progress report dated 12/12/2013 indicates patient presented with low back pain that was worsened by activity and certain movements, like prolonged sitting and relieved with medication and RFN. He had a radiofrequency neurotomy (RFN) of the right L5, L4 and L3 on 03/24/2011 which provided 80-90% relief of his lower back pain, which continues now. He had an RFN of the left L5, L4, and L3 on 03/10/2011 which provided significant relief x1 year then his pain began to increase on the left and he now states he thinks he needs a repeat RFN. Today, he rates his pain as 3.5/10 on the VAS scale. No change in his pain since last visit. His Norco has been working well to manage his pain, but he still feels he needs a repeat RFN on the left lumbar. Current medications include Norco, Crestor, and Viagra. On physical exam, lumbar spine ROM: Positive familiar pain in left lumbar with extension with bilateral axial rotation, positive right lumbar pain with right lateral bending, limited extension, limited left axial rotation. Tenderness over right ES ligament insertion. Patrick/Faber/Yoemans/SI Compression/SI distraction/SI joint tests negative bilaterally. Sensory and Motor testing was normal bilaterally. Diagnoses were facet syndrome, back pain and

myofascial pain syndrome. The request is for repeat diagnostic medial branch block on left L3, L4, and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MEDIAL BRANCH BLOCK AT LEFT L3, L4, L5 MEDIAL BRANCHES:

Upheld

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

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), Facet Joint Diagnostic Blocks.

Decision rationale: This is a request for lumbar diagnostic medial branch blocks at L3-5 for a 65 year old male with chronic back pain, facet arthropathy corroborated by lumbar MRI, and prior favorable response to radiofrequency neurotomy. The patient appears to have non-radicular low back pain with failure of conservative care for at least 4-6 weeks. No more than 2 levels are requested. There does not appear to be an anticipated surgery or history of lumbar fusion. Medical necessity is established. The request is approved.