

Case Number:	CM14-0110414		
Date Assigned:	08/01/2014	Date of Injury:	05/06/1991
Decision Date:	09/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 with date of injury of 05/06/1991. The listed diagnoses per [REDACTED] are: Facet syndrome, lumbar L4-L5 and L5-S1; Post-laminectomy syndrome; Painful lumbar disk and Lumbar stenosis. According to this report, the patient has a long history of lumbar pain. The patient currently has back pain that he rates as 8/10 that is constant. His leg pain is 2/10 and constant. The patient recently received a medial branch block on 02/19/2014 at the left L3, L4, and L5, which innervated the L4-L5 and L5-S1 facet on the left. Following the procedure, the patient noted dramatic relief of pain. The objective findings show the patient has a mildly antalgic gait on the right because of the injury and subsequent multiple surgeries to the right ankle. Palpation is mainly painful in the lumbar spine at L4-L5 and L5-S1 levels over the facet of the left and only very mildly painful in the midline or to the right. Remainder of the lumbar spine has mild pain to palpation but quite dramatically different than palpating the L4 L5 and L5-S1 facets on the left. There is weakness on the left, which is 4/5 for extensor hallucis and tibialis anterior. Sensory is intact. There is weakness to the right. The utilization review denied the request on 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block L1, L2 and L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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) ODG on Facet joint diagnostic blocks (injections).

Decision rationale: This patient complains of chronic lumbar pain. The treater is requesting a lumbar medial branch block at L1, L2, and L3. The ACOEM guidelines do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The progress report dated 02/27/2014 notes that the patient underwent a medial branch block on 02/19/2014 with dramatic relief of pain for 4 hours. The progress report dated 02/27/2014 notes palpation is mainly painful in the lumbar spine at L4-L5 and L5-S1 levels over the facet on the left and only very mildly painful in the midline or to the right. The remainder of the lumbar spine has mild pain to palpation with no radicular symptoms reported. In this case, the patient has asked for upper lumbar level facet evaluation but the patient tested positive at L4-5 and L5-S1. The patient does not present with facet tenderness over the L2-3 and L3-4. Recommendation is for denial.