

Case Number:	CM14-0112919		
Date Assigned:	09/18/2014	Date of Injury:	10/29/2013
Decision Date:	10/21/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/18/2014

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 a 54-year-old male who has submitted a claim for aftercare following surgery of the musculoskeletal system associated with an industrial injury date of October 29, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain and bilateral lower extremity pain. He was previously diagnosed with thoracic or lumbosacral neuritis or radiculitis. Physical examination of the lumbar spine showed tenderness over the bilateral multifidus and right longissimus with guarding; tenderness over the L4, L5 and S1 spinous processes; limitation of motion; and positive bilateral Lasegue's test with pain at the low back. MRI of the lumbar spine done on December 19, 2013 revealed a 3-4mm disc protrusion at L4-5 with moderate bilateral neural foraminal exit zone compromise with moderate spinal stenosis; and a 4-5mm disc protrusion at L5-S1 with high-grade bilateral neural foraminal exit zone compromise with spinal stenosis. The diagnoses were lumbar disc degeneration and lumbar spine strain/sprain. Treatment to date has included oral and topical analgesics, physical therapy, home exercise, chiropractic therapy, and L4-5 and L5-S1 ESI. Utilization review from July 2, 2014 denied the request for Medial Branch Block: L4-5 & L5-S1 because there is no documentation of low back pain that is non-radicular.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block: L4-5 & L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Facet joint diagnostic blocks (injections)

Decision rationale: The MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. ODG states that diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet Neurotomy at the diagnosed levels. Criteria for the use of diagnostic blocks for facet "mediated" pain include: limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally; and documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. In this case, lumbar radiculopathy cannot be ruled out because most recent physical examination did not include complete neurological PE. There were no objective evidences to confirm absence of radiculopathy. There was also no evidence of failure of conservative treatment to manage pain. The medical necessity cannot be established because the guideline criteria were not met. Therefore, the request for Medial Branch Block: L4-5 & L5-S1 is not medically necessary.