

Case Number:	CM14-0121694		
Date Assigned:	08/06/2014	Date of Injury:	08/21/2013
Decision Date:	09/22/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 26-year-old female who reported injury on 08/21/2013 due to a fall. The injured worker has diagnoses of low back pain and neck pain. Past treatment includes acupuncture, physical therapy, ESIs, and medication therapy. It was documented in the submitted report that the injured worker was taking an NSAID (not specified which one), Tizanidine 4 mg 1 tablet before bed and Tramadol 50 mg by mouth 2 times a day. An MRI of the lumbar spine that was obtained on 04/16/2014 revealed decreased disc height, disc desiccation, degenerative marrow changes, left lateral osteophytes, mild retrolisthesis, with a 2 mm to 3 mm diffuse disc bulge noted at L5-S1 level. The bulging disc abuts the ventral aspect of the thecal sac as well as descending S1 nerve roots bilaterally. The injured worker complained of low back pain which she rated at an 8/10. She described it as continuous in the low back with radiation to the buttocks and hips. Pain was sharp, aching, and throbbing. The pain was associated with back stiffness and spasms. The pain was aggravated with prolonged sitting, standing, walking, and bending. The injured worker also complained of neck pain which she also described as continuous that was described at a 5/10. Pain radiated to the thoracic spine. Physical examination dated 06/23/2014 of the lumbar spine revealed that there was no loss of normal lumbar lordosis. There was diffuse muscle guarding. There was no spinous process tenderness. There was bilateral lower lumbar facet joint tenderness to finger point palpation. Piriformis tenderness and piriformis stress were negative bilaterally. SI joint sulcus tenderness, FABERs/Patrick, sacroiliac thrust tests were negative bilaterally. Yeoman's test was positive bilaterally. Lumbar range of motion revealed the lateral bend of 20 degrees bilaterally, flexion 60 degrees bilaterally, and extension 20 degrees bilaterally. There was no deficit to pinwheel testing in the lower extremities. The pain was provoked with extension during range of motion. The treatment plan is for the injured worker to

undergo L4-5 and L5-S1 medial branch blocks bilaterally. The rationale behind request is provider feels these injections will help manage the injured worker's pain. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low Volume Bilateral L4 - 5 and L5 S1 Medial Branch Anesthetic Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines ,Treatment Index, 11th Edition (web), 2013, Low Back Chapter; Criteria for the use of diagnostic blocks for facet "mediated" pain.

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

Decision rationale: The request for low volume bilateral L4-5 and L5-S1 medial branch anesthetic block is not medically necessary. Per Official Disability Guidelines facet injections are not recommended except as a diagnostic tool. Official Disability Guidelines state that blocks are limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDs) prior to the procedure for at least 4 to 6 weeks. Given the above, the injured worker is not within the MTUS Guidelines. There was lack of evidence as to what conservative care had been effective or ineffective to the injured worker. The notations on the report dated 06/23/2014 regarding range of motion revealed that the injured worker was within normal limits and had no deficit to pinwheel testing in the lower extremities. The MRI dated 08/16/2014 did not reveal any facet arthropathy. As such, the request for low volume bilateral L4-5 and L5-S1 medial branch anesthetic block is not medically necessary.