

Case Number:	CM14-0122888		
Date Assigned:	08/08/2014	Date of Injury:	02/15/2013
Decision Date:	09/18/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 injured worker is a 47-year-old male who sustained an injury on 10/01/2012 at work as a driver. He developed pain in his lower back and his left knee due to repetitive clutch use and bad ergonomic seat while driving. He was treated conservatively with pain medications. His current complaints are constant low back pain, left knee pain, difficulty sleeping, stress, anxiety, depression, and thoracic spine pain. He completed his third epidural steroid injection on 05/05/14 and had only one week of temporary symptom reduction. He experienced increased muscle spasm and shooting pain into the left lower extremity. On exam, palpable tenderness was noted in the L4 to S1 distribution and the patient was noted to walk with a subtle limp, favoring the left lower extremity. Lumbar ROM was decreased on all ranges. Sensation was decreased along the posterior lateral thigh and calf bilaterally. SLR was positive at 60 degrees bilaterally. MRI of lumbar spine showed multilevel disc degeneration at L3-L4 through L5-S1, a 4-mm posterolateral disc protrusion at L5-S1 resulting in moderate right foraminal encroachment, mild right greater than left L5-S1 facet arthropathy, a 2-mm disc protrusion at L3-L4 resulting in mild right foraminal encroachment and a 2-3 mm disc protrusion at L4-L5 causing bilateral foraminal encroachment. Electrodiagnostic studies of the lower extremities indicated mild acute L5 radiculopathy on the right and left. His medications include Norco, Soma, Ultram ER, Anaprox and Prilosec. Diagnoses include lumbar spine herniated nucleus pulposus with radiculopathy; left knee internal derangement, rule out meniscal tear; secondary sleep deprivation; secondary stress, anxiety and depression; thoracic spine disc herniation. The request for Bilateral L3, L4, L5 Median Branch Nerve Block was previously denied. Since there was successful response to trial facet blocks, the need for diagnostic medial branch blocks is not supported; hence the need for another diagnostic injection is not established at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4 L5 median branch nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back.

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.

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway: No more than one therapeutic intra-articular block is recommended. There should be no evidence of radicular pain, spinal stenosis, or previous fusion, If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive), When performing therapeutic blocks, no more than 2 levels may be blocked at any one time, If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy, There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, there is evidence of radicular pain in the left lower extremity with positive SLR. Furthermore, the MRI has showed mild L5-S1 facet arthropathy, however, the request is for B/L L4-5 and L5-S1 medial branch block. Therefore, the request is considered not medically necessary per guidelines and based on the submitted clinical information.