

Case Number:	CM14-0136486		
Date Assigned:	09/03/2014	Date of Injury:	06/25/2013
Decision Date:	09/30/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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:

This is a 57-year-old gentleman with a date of injury of 6/25/13. The patient is a motorcycle cop, and he was struck by a bicyclist while writing a ticket in the bike lane. He had low back pain and developed lower extremity pain. He had conservative care, but symptoms persisted. An MRI was done and the patient was referred to a neurosurgeon. MRI showed multilevel NF narrowing, facet disease and contact with the right L4 nerve root. An EMG/NCV study was normal and did not reveal findings consistent with radiculopathy. The neurosurgeon recommended pain management. The patient was evaluated by a pain specialist on 6/12/14. The patient had low back pain that radiated to bilateral lower extremities, mostly left, but also had facet findings. Strength is normal. Reflexes were asymmetric. There was reduced sensation at the right L3 and S1 dermatomes. There were multiple tender points. He was diagnosed with radiculopathy, as evidenced by weakness with toe flexion and reduced Achilles reflex. TFESI at L4-5 on the left was recommended. TFESI at right L5 and left L4 and L5 was done on 7/07/14. 7/29/14 follow-up notes that the patient had no pain relief from the ESI. The pain specialist notes that the axial pain is the predominant pain with reproduction of symptoms with extension/rotation. Diagnostic medial branch blocks are recommended. This was submitted to Utilization Review with an adverse decision rendered on 8/08/14. The rationale for denial was that the patient had radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch bilateral L3, L4, L5 QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Facet joint pain, signs & symptoms.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections).

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 300-301 and on the Non-MTUS Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections). The Expert Reviewer's decision rationale: Guidelines support the use of diagnostic medial branch blocks in patients who have low back pain that is non-radicular following 4-6 weeks of failed conservative care. In this case, had symptoms and findings consistent with both radicular pain (nerve root compression). The pain specialist did multi-level TFESI to address this, but there was no pain relief at all from the epidural procedure. Because of the findings that also suggest facet mediated pain, and no effect with the TFESI, diagnostic medial branch blocks were requested. This is appropriate. Lumbar medial branch blocks at bilateral L3-4-5 are medically necessary.

Lumbar medial branch bilateral L3, L4, L5 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Facet joint pain, signs & symptoms.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections).

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 300-301 and on the Non-MTUS Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections). The Expert Reviewer's decision rationale: Guidelines support the use of "diagnostic medial branch blocks in patients who have low back pain that is non-radicular following 4-6 weeks of failed conservative care." In this case, had symptoms and findings consistent with both radicular pain (nerve root compression). The pain specialist did multi-level TFESI to address this, but there was no pain relief at all from the epidural procedure. Because of the findings that also suggest facet mediated pain, and no effect with the TFESI, diagnostic medial branch blocks were requested. This is appropriate. That said, this is a duplicate request, and an additional procedure is not necessary, as I am recommending certification of the procedure with the first question submitted to IMR.

Anesthesia for procedures in lumbar region; not otherwise specified QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections).

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 300-301 and on the Non-MTUS Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections)The Expert Reviewer's decision rationale:With regards to use of anesthesia (IV sedation), ODG states that, "IV sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety." In this case, there is no documentation that reflects extreme anxiety that would substantiate the need for IV sedation. Medical necessity for anesthesia for procedures in the lumbar region is not established.