

Case Number:	CM14-0156394		
Date Assigned:	09/25/2014	Date of Injury:	05/02/2014
Decision Date:	10/27/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 & 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 54-year-old male who reported injury on 05/02/2014. The mechanism of injury was the injured worker was helping to lift a desk and hurt his back. The injured worker's medications included ibuprofen 800 mg, cyclobenzaprine and Norco 10/325 mg. The surgical history was not provided. The injured worker underwent an MRI of the lumbar spine on 06/04/2014, which revealed, at the level of L3-4, the disc was of normal size, configuration, and signal intensity with no evidence of protrusion or bulge. At L4-5, there was mild disc desiccation without narrowing, allowing for posterior degenerative osteophyte, and there was a 1 mm to 2 mm annular disc bulge mildly encroaching the thecal sac without nerve root encroachment. The other therapies were noted to include physical therapy and medications. The documentation of 08/01/2014 revealed the injured worker had cramping, shooting, aching, sharp, and constant pain. The associated symptoms included tingling and numbness that go down to the dorsum of the foot. Low back pain was noted to shoot down to the left lower extremity past the knee. The physical examination revealed the injured worker had a normal gait pattern. There was tenderness to palpation over the lumbar paraspinals, upper more so than the lower. There was no tenderness over the ischial tuberosity and greater Trochanteric bursa. The injured worker had full range of motion; however, it was noted to be painful. The straight leg raise, femoral stretch, and supine straight leg raise were negative bilaterally. The injured worker had 5/5 strength in the bilateral lower extremities. The sensation was intact bilaterally. The injured worker had deep tendon reflexes of 2/4 bilaterally. The diagnoses included lumbar facet arthropathy, lumbar radiculitis left, and lumbar sprain/strain. The treatment plan included bilateral lumbar medial branch blocks at L3, L4, and L5 and a return to physical therapy, as well as a trial of a TENS unit. There was a specific Request for Authorization submitted for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medical branch blocks L3,L4, L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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) Low Back Chapter, Facet joint diagnostic blocks (injections)

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that a facet Neurotomy (rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As American College of Occupational and Environmental Medicine does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include the clinical presentation should be consistent with facet joint pain which includes tenderness to palpation at the paravertebral area, a normal sensory examination, absence of radicular findings although pain may radiate below the knee, and a normal straight leg raise exam. There should be documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDS prior to the procedure for at least 4 weeks to 6 weeks and no more than 2 facet joint levels should be injected in 1 session. Additionally, 1 set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally and they recommend no more than 1 set of medial branch diagnostic blocks prior to facet Neurotomy, if Neurotomy is chosen as an option for treatment (a procedure that is still considered under study). The clinical documentation submitted for review indicated the injured worker had tenderness to palpation, a normal sensory examination, the absence of radicular findings, and a normal straight leg raise examination. However, there was a lack of documentation indicating the injured worker had a failure of conservative treatment prior to the procedure for at least 4 weeks to 6 weeks, and there was a lack of documentation indicating a necessity for more than 2 facet joint levels to be injected in 1 session. Additionally, there was a lack of documentation indicating that, if the injured worker had a positive response, the physician would proceed onto a facet Neurotomy. Given the above, the request for bilateral medical branch blocks L3, L4, L5 is not medically necessary.