MAXIMUS Federal Services

Case Number:	CM14-0162679		
Date Assigned:	10/08/2014	Date of Injury:	08/04/2011
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Medicine, and is licensed to practice in Texas, Ohio & Florida. 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 reported an injury on 08/04/2011 due to an unknown mechanism. Diagnoses were lumbar radiculopathy, disc disorder lumbar, low back pain, and spinal/lumbar degenerative disc disease. MRI of the lumbar spine without contrast dated 03/27/2014 revealed mild to moderate multilevel degenerative discogenic disease of the lumbar spine, most pronounced at the L3-4 where a diffuse disc bulge as well as facet and ligamentous hypertrophy resulted in moderate bilateral neural foraminal narrowing and mild central canal stenosis. Physical examination dated 09/05/2014 revealed complaints of lower back ache. The pain level had increased since last visit. There were also complaints of worsening urinary symptoms on this visit. The quality of sleep was reported as fair. Activity level had remained the same. Medications were Lyrica, citalopram, and Norco. The injured worker had bilateral transforaminal lumbar epidural steroid injections on 02/27/2013, with no reports. Examination of the lumbar spine revealed range of motion was restricted with flexion limited to 30 degrees, extension limited to 5 degrees, and worse pain with extension. Extension produced pain across the back. On palpation of paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band was noted on both sides. Lumbar facet loading was positive on both sides. Straight leg raising test was positive on the left side. Ankle jerk was 1/4 on both sides. Patellar jerk was 2/4 on both sides. Tenderness was noted over the sacroiliac spine and positive for tenderness to palpation over the bilateral facet joints. Motor examination was 5/5 on the right and 5-/5 on the left. Ankle dorsiflexors were 5/5 on the right and 5-/5 on the left. Sensory examination for light touch sensation was decreased over the lateral thigh on the left side. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Branch Block at L3, L4, L5, S1 and Sacral Alae on the Right: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines ,Low Back Chapter ,Facet joint diagnostic blocks injection section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The decision for medial branch block at L3, L4, L5, S1, and sacral ala on the right is not medically necessary. The ACOEM Guidelines indicate that a facet neurotomy (rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM 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 to 6 weeks at 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 guidelines state no more than 2 facet joint levels should be injected in 1 session. The request states more than 2 levels. The guidelines also state there should be a negative straight leg raising test, and the injured worker had a positive straight leg raising test on the left side. The guidelines also state that there should be no signs of radiculopathy. The injured worker had neurological deficits with strength, sensation, and reflexes on examination which indicates radiculopathy was present. The clinical information submitted for review does not provide evidence to justify medial branch block at the L3, L4, L5, S1, and sacral alae on the right. Therefore, this request is not medically necessary.

Unspecified Diagnostic Imaging Requested By Urologist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.medscape.com/viewarticle/467796_2

Decision rationale: The decision for unspecified diagnostic imaging requested by urologist is not medically necessary. The request does not specify what type of diagnostic imaging test is being requested by the urologist. The California Medical Treatment Utilization Schedule,

ACOEM, and Official Disability Guidelines do not address this request. Medscape Multispecialty regarding diagnostic tests and tools in the evaluation of urologic disease. Types of diagnostic imaging are ultrasonography, renal ultrasound, bladder ultrasound, prostate ultrasound, scrotal ultrasound, penile ultrasound. Other testings that can be requested are MRIs, angiography, CT imaging. It was not specified what test was being requested. Based on the lack of documentation detailing a clear indication for what type of test, this request is not medically necessary.