

Case Number:	CM14-0164566		
Date Assigned:	10/09/2014	Date of Injury:	08/02/2013
Decision Date:	11/20/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/07/2014

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 Interventional Spine 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 patient is a 59-year-old male with date of injury of 08/02/2013. The listed diagnoses per [REDACTED] from 09/25/2014 are: 1. Disk disorder of the lumbar spine; 2. Thoracic pain; 3. Lumbar radiculopathy; 4. Spinal/lumbar DDD; 5. Thoracic facet syndrome; 6. Knee pain. According to this report, the patient complains of low back pain and rates his pain 8/10. He reports that he is currently taking his medications as prescribed which continues to reduce his pain level with minimal side effects. The patient notes reduction of his pain and improved function and he is able to do more household ADLs (activities of daily living) like cooking, cleaning, shopping, etc. with increased endurance and tolerance for these activities. He reports some numbness in the left L4 region and states that the lower back pain is worse than the left knee. The patient is also reporting left elbow pain, which is consistent with epicondylitis and was advised to go to his primary care physician. The treating physician references an MRI of the lumbar spine from 08/14/2014 that showed L5-S1 central 2-mm disk protrusion and mild to moderate right greater than left facet arthropathy and foraminal narrowing. L2-L3, L3-L4, and L4-L5 mild disk degeneration with circumferential 2-mm bulges causing mild to moderate bilateral foraminal narrowing, greater on the left at L3-L4 and on the right at L4-L5. No nerve root impingement was evident. The examination of the lumbar spine shows restricted range of motion with flexion and extension limited due to pain. Tenderness is noted on both sides of the paravertebral muscles. L4-L5, L5-S1 lumbar facet tenderness to palpation with lumbar facet loading being positive on both sides. Straight leg raise test is positive on the left side in sitting position at 30 degrees. Sensation is grossly intact in the lower extremities bilaterally. The documents included an MRI of the left knee and lumbar spine from 08/14/2014. The utilization review denied the request on 10/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient diagnostic medial branch blocks at L4-L5 and L5-S1 (left): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic)

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: This patient presents with low back pain. The treating physician is requesting a diagnostic medial branch block at L4-L5 and L5-S1 on the left. The ACOEM Guidelines do not support facet injections for treatment but do discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG Guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The MRI from 08/14/2014 shows L5-S1 central 2-mm disk protrusion, mild to moderate right greater than left facet arthropathy and foraminal narrowing. There is mild disk degeneration at L4-L5 with circumferential 2-mm disk bulge causing mild to moderate bilateral foraminal narrowing, greater on the left at L3-L4, and on the right at L4-L5. However, no nerve root impingement was evident. The 08/28/2014 report notes that the patient complains of pain along his midback and lower back with radiation of pain into the left leg and left knee. Lumbar facet loading is positive on both sides with a positive straight leg raise on the left at 30 degrees. The patient also has a diagnosis of lumbar radiculopathy. Records do not show that the patient has received any diagnostic medial branch blocks at L4-L5 and L5-S1 in the past. However, ODG Guidelines do not support facet diagnostic evaluations for patients presenting with radicular symptoms. Recommendation is that the request is not medically necessary.

Outpatient diagnostic medial branch blocks at L4-L5 and L5-S1 (right): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic)

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: This patient presents with low back pain. The treating physician is requesting a diagnostic medial branch block at L4-L5 and L5-S1 on the right. The ACOEM Guidelines do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG Guidelines also support facet diagnostic

evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. The MRI from 08/14/2014 shows L5-S1 central 2-mm disk protrusion, mild to moderate right greater than left facet arthropathy and foraminal narrowing. There is mild disk degeneration at L4-L5 with circumferential 2-mm disk bulge causing mild to moderate bilateral foraminal narrowing, greater on the left at L3-L4, and on the right at L4-L5. However, no nerve root impingement was evident. The 08/28/2014 report notes that the patient complains of pain along his midback and lower back with radiation of pain into the left leg and left knee. Lumbar facet loading is positive on both sides with a positive straight leg raise on the left at 30 degrees. The patient also has a diagnosis of lumbar radiculopathy. Records do not show that the patient has received any diagnostic medial branch blocks at L4-L5 and L5-S1 in the past. However, ODG Guidelines do not support facet diagnostic evaluations for patients presenting with radicular symptoms. Recommendation is that the request is not medically necessary.