

Case Number:	CM14-0029302		
Date Assigned:	06/20/2014	Date of Injury:	12/27/2004
Decision Date:	07/24/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/07/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 63 year-old male with a date of work injury 12/27/04. His diagnoses includes lumbar facet arthropathy and spondylosis; status post L3-S1 fusion and decompression with failed back syndrome and lumbago. Under consideration is a request for medial branch block at L2-L3 facet joints. There is a 5/20/14 new patient consultation which states that the patient's history is remarkable for multilevel thoracic, cervical and lumbar degenerative disc disease. He is status post L3-S1 fusion and decompression. He has had multiple epidural and facet blocks to treat his low back pain. He states that he underwent a rhizotomy recently but this was not effective in relieving his back pain either. There is a 12/9/13 primary treating physician report that states that the patient has ongoing low back symptoms subsequent to multiple surgeries, as well as multiple epidural steroid injections. He notes that his last epidural steroid Injection performed on 10/09/13 lasted approximately 10 days. In review of the patient's comprehensive Interval history form, he notes that his pain is significantly Increased, 8-9/10 VAS. He feels that he is approximately 50% worse, which is significantly interfering with his sleep, to the point of sleeping about 3-4 hours. He always feels fatigued and is becoming more depressed. He reports that he is out of Norco but is utilizing approximately 6 Advil a day, which is causing stomach upset and nausea. He notes that he requires the use of a corset which provides him with some relief. In review of the patient's pain drawing, he notes stabbing pain centrally. On examination the patient ambulates within functional limits, slightly antalgic. Inspection shows significant surgical midline scar. He is tender to palpation throughout the thoracic and lumbar spine to the TL junction. Facet challenge and compression at the thoracolumbar junction is significant for his chief complaint. Lumbar range of motion is approximately 70% of normal. He is neurologically intact in the lower extremities, equivocal bilaterally. Lower extremity strength is 5-/5. Reflexes

are +2/+2. Straight leg rising is unrevealing with some hamstring discomfort. The treatment plan included a request for authorization for a medial branch block at L2-3 facet joints and if successful, a rhizotomy at the same levels. No medications were provided to the patient at today's visit. Per documentation review the claimant was certified for medial branch block of bilateral L2-L3 facet joints on 12/11/13. There is a 1/8/14 document stating that on this date the patient underwent a Lumbar Facet Medial Branch Block at bilateral L2-3 facet nerves.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block L2-L3 Facet Joints: 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 Procedure, Criteria for the use of diagnostic blocks for facet "mediated" pain.

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) Lumbar -Facet joint diagnostic blocks (injections).

Decision rationale: The ODG recommends no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. The MTUS ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The documentation indicates that the patient already was authorized one medial branch block on 12/11/13 and underwent the block on 1/8/14. The request for another medial branch block is not necessary and therefore the request for a medial branch block at L2-L3 facet joints is not medically necessary.