

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0047183 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 03/27/1998 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 03/12/2014 |
| Priority: | Standard | Application Received: | 04/15/2014 |

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 54-year-old patient sustained an injury on 3/27/1998 while employed by [REDACTED]. Request(s) under consideration include bilateral medial branch block L4-L5 and L5-S1. Diagnoses include Backache NOS; s/p left middle trigger finger surgery 1/30/14. Report of 2/26/14 from the provider noted the patient with ongoing chronic low back symptoms with increased pain and decreased activity levels trying to lift a box of kitty litter; with poor sleep. Exam showed antalgic gait; limited lumbar range with tenderness; positive facet loading; positive straight leg raise; diminished sensation at bilateral L4-S1 dermatomes; symmetrical DTRs; mild left hip tenderness over left trochanter with discomfort on range of hip. Medications list Senakot & Colace, Soma, Celebrex, Voltran, Ambien, Vicodin, and Lexapro. Report of 4/21/14 had appeal of denied lumbar blocks. Exam was unchanged with motor weakness of 4/5 bilaterally in lower extremity muscles, positive SLR, TTP, decreased light touch sensation to left medial and lateral thigh with limited range and positive facet loading. Diagnoses included Lumbar DDD/ radiculopathy/ facet syndrome. Conservative care has included medications, therapy, TENS, epidural steroid injections, and modified activities/rest. The request(s) for bilateral medial branch block L4-L5 and L5-S1 was non-certified on 3/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch block L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute and Chronic), Facet joint diagnostic blocks (injections)

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, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418

Decision rationale: This 54 year-old patient sustained an injury on 3/27/1998 while employed by [REDACTED]. Request(s) under consideration include Bilateral medial branch block L4-L5 and L5-S1. Diagnoses include Backache NOS; s/p left middle trigger finger surgery 1/30/14. Report of 2/26/14 from the provider noted the patient with ongoing chronic low back symptoms with increased pain and decreased activity levels trying to lift a box of kitty litter; with poor sleep. Exam showed antalgic gait; limited lumbar range with tenderness; positive facet loading; positive straight leg raise; diminished sensation at bilatearal L4-S1 dermatomes; symmetrical DTRs; mild left hip tenderness over left trochanter with discomfort on range of hip. Medications list Senakot & Colace, Soma, Celebrex, Voltran, Ambien, Vicodin, and Lexapro. Report of 4/21/14 had appeal of denied lumbar blocks. Exam was unchanged with motor weakness of 4/5 bilaterally in lower extremity muscles, positive SLR, TTP, decreased light touch sensation to left medial and lateral thigh with limited range and positive facet loading. Diagnoses included Lumbar DDD/ radiculopathy/ facet syndrome. Conservative care has included medications, therapy, TENS, epidural steroid injections, and modified activities/rest. The request(s) for Bilateral medial branch block L4-L5 and L5-S1 was non-certified on 3/12/14. ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Additionally, facet blocks are not recommended in patient who may exhibit radicular symptoms as in this injured worker with radiating leg pain complaints, positive radicular signs and neurological deficits along with diagnosis of lumbar radiculopathy s/p previous lumbar epidural steroid injections. Additionally, facet blocks are not recommended without defined imaging correlation not demonstrated here nor are they recommended without demonstrated conservative trial failure. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral medial branch block L4-L5 and L5-S1 are not medically necessary and appropriate.