

Case Number:	CM14-0048194		
Date Assigned:	07/02/2014	Date of Injury:	07/25/2012
Decision Date:	08/06/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/16/2014

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 Pain Management, 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:

This patient is a 42-year-old female with date of injury of 07/25/2012. Per treating physician's report, 03/06/2014, the patient continues to struggle with daily pain in low back with radiation to her legs. The patient also has numbness in her right leg, occasional weakness in the left leg. Physical therapy makes her pain worse, changing positions. Sitting to standing aggravates the pain. The pain is a 7/10 in intensity. The patient had MRI of the lumbar spine done on February 25th that revealed evidence of L1-L2 right laminectomy with significant decrease in the size of the disk since the prior study. Current disk measures 3 to 4 mm and still provides mass effect and compression of the spinal cord, but less than before the surgery. No changes in L4-L5 and L5-S1. Objective findings show normal ambulation, postsurgical scar of her low back, normal motor strength. Listed diagnoses are status post lumbar surgery, L1-L2 disk extrusion, L5-S1 disk bulge, facet joint disease. Recommendation is for trial of bilateral L3-L4, L4-L5, L5 S1 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Nerve Branch Block at L3-4, L4-5, and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 Table 1-9, page 309 Table 12 -8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG web Low Back Facet blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches.

Decision rationale: This patient presents with chronic low back pain with radicular symptoms down both lower extremities including numbness and tingling weakness. The patient is status post what appears to be L1-L2 laminectomy/discectomy. The patient did have postoperative follow-up MRI showing reduction of the size of the disk herniation at L1-L2. The patient continues to present with low back and leg symptoms, and the treating physician has asked for bilateral lumbar facet joint evaluation via dorsal medial branch blocks at L3-L4, L4-L5, and L5-S1. ODG Guidelines do not support evaluation of facet joints when radiculopathy or radicular symptoms are present. It also limits evaluation of the facet joints to no more than 2 levels at a time. Given the current request, for 3-level evaluation and given the patient's significant persistent radicular symptoms, facet joint diagnostic evaluations are not supported by ODG Guidelines. Given the above the request is not medically necessary.