

Case Number:	CM14-0063107		
Date Assigned:	07/11/2014	Date of Injury:	02/05/2012
Decision Date:	08/08/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/05/2014

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 Deputy sheriff sustained an injury on 2/5/12 from performing usual and customary job duties while employed by [REDACTED]. Request under consideration include Bilateral L3, L4, L5 medial branch block. Diagnoses include lumbar spine degenerative disc disease; facet arthropathy of L4-5 and L5-S1; and lumbar radiculopathy. Report of 3/13/14 from the provider noted the patient with ongoing chronic severe low back pain radiating into the hips and thighs bilaterally. Medications list Cymbalta and Ativan (for depression and anxiety), Opana ER, Gabapentin, Nucynta, Trazodone. Lumbar spine MRI dated 2/12/13 showed multi-level degenerative changes with mild spinal canal and bilateral neural foraminal stenosis at L2-5. EMG/NCS on 3/25/13 showed mild acute L5 left lumbar radiculopathy. The patient was noted to have had epidural steroid injection without difference in pain. X-rays showed facet arthropathy at L4-5 and L5-S1. Plan noted if improved with facet blocks, will consider rhizotomy. Review indicated the patient was approved for bilateral L4-5 and L5-S1 facet block on 10/13/13 with procedure for lumbar facet blocks under fluoroscopy done on 12/9/13. The request for Bilateral L3, L4, L5 medial branch block was non-certified on 4/7/14 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 L3, L4, L5 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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: Not recommended except as a diagnostic tool. Therapeutic facet joint injections are not recommended for acute, subacute, or chronic LBP or for any radicular pain syndrome.

Decision rationale: Per 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. Submitted reports have not demonstrated clear indication and medical necessity for the facet blocks as the patient continues to exhibit radicular symptoms with consistent clinical findings and MRI results that indicate stenosis with possible nerve impingement identified specifically on EMG study performed indication L5 radiculopathy. Additionally, submitted reports show no clear exam findings consistent with facet arthropathy nor is there extenuating circumstances to require multiple vertebral level blocks with repeated series of procedures beyond the guidelines criteria. The Bilateral L3, L4, L5 medial branch block is not medically necessary and appropriate.