

Case Number:	CM14-0069975		
Date Assigned:	07/14/2014	Date of Injury:	11/05/2012
Decision Date:	09/19/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/15/2014

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 Occupational Medicine 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 is a 33 year old male with an 11/5/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 2/3/14 noted subjective complaints of pain, tingling and burning in the bilateral lower extremities. Objective findings included an antalgic gait, diffuse lumbar tenderness, and decreased sensation left L3, L4, L5, and S1 dermatomes. Motor strength 4/5. There were tender L5-S1 facets bilaterally, positive facet challenge. An AME on 2/25/14 noted 5/5 motor strength bilateral lower extremities, decreased sensation L4 and S1 distribution on the left. DTRs intact. An MRI of the lumbar spine dated 1/17/14 notes degenerative disc disease and facet arthropathy, L4-L5, as well as neural foraminal narrowing L3 through L5. Diagnostic Impression: lumbar radiculopathy, grade I spondylolisthesis L5-S1 with bilateral pars defects. Treatment to Date: acupuncture, medication management, chiropractic therapy. A UR decision dated 4/14/14 denied the request for medial branch block bilateral L5-S1. Currently the patient continues to have left leg radicular symptoms and there is no clear indication that the facet joints at L5-S1 are pain generators.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDIAL BRANCH BLOCK BILATERAL L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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.

Decision rationale: The ACOEM Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. However, while the patient has some exam and MRI evidence of facet disease, there is also compelling exam findings concerning for radicular pain. Furthermore, there is no clear documentation of a formal plan for activity and exercise in addition to the facet injections. Therefore, the request is not medically necessary.