

Case Number:	CM14-0071144		
Date Assigned:	07/14/2014	Date of Injury:	10/09/2012
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/16/2014

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 & 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:

The injured worker is a 39 year old male who sustained industrial-related injuries to his low back and right foot on October 9, 2012 while performing his usual and customary duties as a refinery operator for Exide Technologies. He is diagnosed with: lumbar spine sprain and strain with right lower extremity radiculitis, retrolisthesis of L5 on S1, right ankle/ foot sprain and strain, history of open reduction, internal fixation (ORIF) on medial and lateral tibial on October 29, 2012 with residual plantar fasciitis, and right hip/ right sacroiliac sprain and strain. In March 2013, he was released to modified duties with work restrictions and began to notice low back complaints, which he attributed to frequent standing, walking activities, and awkward gait. He worked at this capacity until April 27, 2013, where he was laid-off due to closure of the company. He has not worked since. In July 2013, he came under the care of an orthopedist. Physical therapy to the low back was prescribed and was rendered for approximately 3 weeks, which provided him some benefit. He was eventually referred for pain management. Bilateral L5-S1 and S1 transforaminal steroid injections were performed on February 19, 2014 and March 6, 2014. As per progress report dated March 25, 2014, the injured worker reported "100% pain relief for 8 days" from the first injection and "60% to 70% pain relief" from the second injection. He was able to decrease medication and tolerate walking for 40 minutes. During this evaluation date, he reported low back pain rated as 4/10. He was observed to have an antalgic gait to the right. A lumbar spine exam revealed diffuse tenderness over the paravertebral musculature, facet tenderness over the L4 through S1, and restricted ranges of motion bilaterally. There was sacroiliac tenderness and Fabere's test was positive on the right. The seated and supine straight leg raise tests were positive bilaterally at 70 degrees. Muscle testing at big toe extensor showed 4/5 on the right. A medial branch block injection to the L4 through S1 levels

was recommended to address the injured worker's pain. The treating physician discussed that if the injured worker receives greater than 80% improvement during the duration of the local anesthetic, bilateral L4 through S1 facet rhizotomy and neurolysis and/or right sacroiliac joint injection depending on the results would be considered. A lumbar spine x-ray dated March 26, 2014 showed moderate narrowing at the L5-S1 disc space, without evidence of new or old fracture or dislocation. On oblique view, there is evidence of defect in the pars interarticularis. A recent progress note dated July 14, 2014 notes complaints of continued low back pain with bilateral lower extremity radiculopathy. A lumbar spine exam showed tenderness and guarding over the paravertebral and quadratus lumborum muscles. Lumbar ranges of motion were restricted. A straight leg raise test and Kemp's test were positive on the right. Medication utility includes Anaprox DS 550 mg, Fexmid 7.5 mg, and Prilosec 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 through S1 medial Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate that invasive techniques to include facet joint injections are of questionable merit and that despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic interventions may have benefit in injured workers presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines (ODG) indicate that medial branch blocks are not recommended except as a diagnostic tool and they should be limited to injured workers with low back pain that is non-radicular and at no more than two levels bilaterally after documentation of failure of conservative treatment including: home exercises, physical methods, and medications prior to the procedure for at least 4 to 6 weeks. The cited guideline further notes that the clinical presentation should be consistent with facet joint pain, signs and symptoms. In this injured worker's case, the medical records submitted does not provide specific evidence that his low back pain complaints are facet mediated. The documentation clearly identifies with radiculopathy with positive orthopedic tests and weakness in the L5 motor distribution. Further, there was a recent magnetic resonance imaging (MRI) scan of the lumbar spine provided that would indicate the presence of facet arthrosis or facet pathology. The injured worker does not clinically meet the criteria set forth by the guidelines for facet joint pain, signs or symptoms to warrant the request. Therefore, it can be concluded that the medical necessity of the bilateral L4 through S1 medial branch blocks is not medically necessary.