

Case Number:	CM14-0077469		
Date Assigned:	07/18/2014	Date of Injury:	06/12/2012
Decision Date:	09/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 and Washington. 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 female who reported injury on 06/12/2012 due to constant lifting of files while working for the court house. The injured worker has diagnoses of lumbar degenerative disc disease with preliminary low back pain, occasional bilateral right greater than left lower extremity pain, status post L3-4 discectomy, sleep disturbance secondary to pain, anxiety and depression, and hypothyroidism. The injured worker's past medical treatment includes radio-frequency ablation, physical therapy, aquatic therapy, facet joint injections, chiropractic therapy, and medication therapy. Medications include Flexeril and Percocet 5/325. There is no dosage on the Flexeril, frequency or duration for both. An MRI obtained on 01/11/2007 demonstrated a small paracentral disc herniation at L1-2 with a central disc herniation at L3-4 with annular fissure at L4-5. An EMG/NCS obtained in 2008 appeared to reveal no abnormalities. A repeat MRI revealed a prominent left disc extrusion at L3-4 of 5 millimeters. Is it not documented what date that was obtained. The injured worker underwent a micro discectomy on 12/14/2012. The injured worker complained of lower back pain. She rated her pain at a 5.5 to 6 out of 10. Physical examination dated 05/28/2014 revealed that the injured worker's gait was erect and independent. There was a negative straight leg raise bilaterally. The injured worker had right gluteal myofascial spasm. She also had a positive pain to lateral rotation and positive tender to palpation at the facet joint line in her lower back. The injured worker had at least 70% of her pain in her back. There was no evidence of range of motion or muscle strength. Treatment plan is for the injured worker to undergo bilateral medial branch block at levels L3-4, L4-5, and L5-S1. Rationale behind the request is the provider is hoping to lower the injured worker's pain levels. The Request for Authorization form was submitted on 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block at levels L3-4, L4-5, & L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The injured worker complained of lower back pain. She rated her pain at a 5.5 to 6 out of 10. The CA MTUS/ACOEM Guidelines indicate that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Official Disability Guidelines state criteria for a medial branch block includes documentation of failure of conservative care to include physical therapy and NSAIDs prior to the procedure for at least 4-6 weeks. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There are to be no more than 2 facet joint levels are injected in one session. As the submitted report lacked evidence of documentation showing whether the injured worker was initially unresponsive to conservative care to include physical therapy for at least 4 to 6 weeks prior to the procedure, the injured worker is not within the California MTUS/ACOEM Guidelines. Furthermore, the submitted request is for 3 levels of the lumbar spine and ODG guidelines recommend no more than 2 levels at 1 time. As such, the request for Bilateral Medial Branch Block at levels L3-4, L4-5, & L5-S1 is not medically necessary.