

Case Number:	CM14-0078659		
Date Assigned:	07/18/2014	Date of Injury:	07/24/2013
Decision Date:	09/17/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/29/2014

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, Pain Medicine and is licensed to practice in Texas and Ohio. 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 51-year-old female who reported an injury on 07/24/2013. The mechanism of injury was noted as sitting on the floor and turning quickly to catch a student. The injured worker's diagnoses included lumbar radiculopathy, possibly S1, and lumbar spondylosis. Other therapies included bilateral lumbar 3, 4, and 5 medial branch blocks on 03/31/2014 and right lumbar 3, 4, and 5 medial branch radiofrequency neurolysis on 06/11/2014. Diagnostic studies included EMG/NCS on 11/05/2013 and 12/24/2013. Surgical history was not provided within the medical records. It was noted on the progress report dated 04/08/2014 the injured worker has a history of lumbar radiculopathy and lumbar spondylosis with axial back pain and radicular pain. The injured worker reported 24 hours of relief status post medial branch block #1 in the lower lumbar region. The physical examination noted positive slump and straight leg raise on the left, negative on the right. Motor examination revealed 5/5 in bilateral hip flexion, knee extension, knee flexion, ankle dorsiflexion, and ankle plantar flexion. The documentation noted sensation was intact in bilateral L1-S2 dermatomes. Neurological examination revealed reflexes were 2+ in bilateral patella, 2+ in right Achilles, and 1+ in left Achilles. It was noted on the progress report dated 06/17/2014, the patient complained of low back pain on the right lumbar region and rated pain at 5.5/10. The documentation noted the patient received lumbar medial branch neurolysis the previous week and the injured worker reported overall decrease in pain symptoms and improvement in motion. The injured worker also reported good benefit provided my current medication regimen. Physical examination revealed 2+ reflexes in bilateral patellae and right Achilles and 1+ in the left Achilles. There was tenderness in the right gluteal region and minimal tenderness on the left. Motor examination revealed give-way weakness was noted but overall 5/5 for bilateral hip flexion, knee extension/flexion and ankle dorsiflexion/plantar flexion bilaterally. Sensation was intact bilaterally L1 through S2 dermatomes and slump was

negative bilaterally with back pain symptoms only. Medications included Pamelor 25 mg 1-2 tabs at bedtime and Gabapentin; dosage and frequency of Gabapentin were not provided within the medical records. The provider requested an outpatient second bilateral medial branch block at the L4 and L5 levels. The rationale for the requested treatment plan was noted as success with the first medial branch block. The Request for Authorization form dated 05/06/2014 was provided within the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient second Bilateral Medial Branch Block at the L4 and L5 levels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) treatment in Workers Compensation, 2014 web-based.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Medial Branch Blocks (Therapeutic Injections).

Decision rationale: The request for outpatient second bilateral medial branch block at the L4 and L5 levels is not medically necessary. The injured worker has a history of low back pain and to have received a medial branch block that provided 24 hours of relief. The California MTUS/ACOEM Guidelines state that there is good quality medical literature stating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region and lumbar facet neurotomy is reported to produce mixed results. A facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines (ODG) state that therapeutic medial branch blocks are not recommend except as a diagnostic tool. The guidelines state the criteria for use of diagnostic blocks for facet mediated pain include patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. Additional criteria includes documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4 to 6 weeks. The documentation provided noted the injured worker has a history of lumbar radiculopathy and lumbar spondylosis with axial back pain and radicular pain. The documentation provided also noted the injured worker received 1 set of diagnostic medial branch blocks and to have received 24 hours of relief. However, there is a lack of documentation to indicate improved functional capacity to warrant additional blocks. There is also a lack of documentation indicating significant objective functional deficits to warrant alternate treatment. There is a lack of documentation indicating that the injured worker has recently participated in any physical therapy for the lumbar spine and failed to provide symptomatic relief and improve functional capacity. As such, there is a lack of documentation to indicate failure of conservative care to include medications and physical methods to warrant the procedure. As with the guideline recommendations that therapeutic medial branch blocks are not recommended except as a diagnostic tool; subsequently a second

medial branch block would not be supported. Based on the above, the decision for outpatient second bilateral medial branch block at the L4 and L5 levels is not medically necessary.