

Case Number:	CM14-0082148		
Date Assigned:	07/21/2014	Date of Injury:	06/27/2012
Decision Date:	09/19/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 42-year-old female who has submitted a claim for right facet syndrome, disc protrusion, and radiculopathy of the right lower extremity associated with an industrial injury date of 6/27/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain, rated 7 to 10/10 in severity. She reported intermittent right lower extremity symptoms. Symptoms were described as aching, stabbing, burning, with pins-and-needles sensation. Physical examination of the lumbar spine revealed tenderness, muscle spasm, and restricted range of motion. There were no motor deficits. Sensation was diminished along the right L4 through S1 distribution. Straight leg raise was positive bilaterally. MRI of the lumbar spine, dated 12/20/2012, demonstrated a 4-mm disc herniation with an annular tear at L4 to L5, disc herniation with annular tear at L5-S1, and significant facet arthropathy noted at L3 to L4, L4 to L5 and L5 to S1 levels. A report from 6/30/2014 cited that patient was certified 3 sessions of physical therapy. Treatment to date has included lumbar medial branch block on 6/10/2014, physical therapy, chiropractic care, lumbar epidural steroid injection, back brace, and medications. Utilization review from 5/14/2014 denied the request for lumbar medial branch block because it was unclear if the patient had an adequate course of conservative care before considering facet procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch block (level unknown): Upheld

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

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, Medial Branch Block.

Decision rationale: CA MTUS does not specifically address medial branch blocks. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, patient complained of low back pain radiating to the right lower extremity, described as pins-and-needles sensation. Symptoms persisted despite physical therapy, chiropractic care, and medications. Physical examination of the lumbar spine showed tenderness, muscle spasm and restricted range of motion. Sensation was diminished along the right L4 to S1 dermatomes. Straight leg raise test was positive bilaterally. MRI of the lumbar spine show significant facet arthropathy at L3 to L4, L4 to L5 and L5 to S1 levels. However, clinical manifestations are not consistent with facet-mediated pain. Moreover, the request failed to specify the intended level for injection. The request is incomplete; therefore, the request for lumbar medial branch block (level unknown) is not medically necessary.