

Case Number:	CM14-0082236		
Date Assigned:	07/21/2014	Date of Injury:	11/30/2007
Decision Date:	09/17/2014	UR Denial Date:	06/03/2014
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 Physical Medicine and 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 57-year-old male with a reported on 11/30/2007. The mechanism of injury was not provided. His diagnoses included lumbar sprain with status post lumbar fusion surgery in 2008, old lumbar laminectomy in 1998, epidural abscess with MRSA, meningitis, status post spinal cord stimulator trial for chronic pain, current pain, systemic infection, anaerobic bacterial nodular infection, right upper extremity Deep vein thrombosis (DVT), peripheral neuropathy. The previous treatments were not provided as far as previous medications, exercise programs, or physical therapy. The injured worker had an MRI on 11/07/2013, which revealed enhancing granulation tissue to L3 to S1, central and bilateral foraminal stenosis at L5-S1. He also had an Electromyography (EMG)/Nerve Conduction Velocity (NCV) on 06/20/2014, most likely done with results that are likely to have mild chronic left L4 and right L5 radiculopathies. He does have left S1 radiculopathies and polyneuropathy. The injured worker had a previous lumbar fusion in 2008. The injured worker had an examination on 06/05/2014, for a followup regarding his low back pain with left lower extremity radiation that is worsening. He rated his pain between 4/10 and 9/10, and had trouble with standing, walking, bending, reaching, lifting, and prolonged sitting. He stated that the medications do improve his pain with rest, and that he feels somewhat worse overall. He avoided various activities of daily living due to his pain. He did have flare-ups with physical therapy. Upon examination he did have decreased sensation over both legs, and pain to both feet. Straight leg raising test was positive. Past medication list consisted of Norco, Gabapentin, Lidoderm patches, Metanix, Metoprolol, Orphenadrine, and Ambien. The recommended plan of treatment was for the injured worker to have a bilateral medial branch blocks to L3, L4, L5. The request for authorization was signed and dated 06/05/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, L5 Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Low Back Procedure Summary (updated 3/31/14) and Pain Procedure Summary (updated 4/10/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Injections, facet joint medial branch blocks.

Decision rationale: The request for bilateral L3, L4, L5 medial branch blocks is not medically necessary. The American College of Occupational and Environmental Medicine guidelines state that therapeutic facet injections is not recommended for acute, subacute, and chronic low back pain. The Official Disability Guidelines do not recommend facet joint medial branch blocks except as for a diagnostic tool in the event of having a subsequent neurotomy. The Official Disability Guidelines recommend that there should be no evidence of radicular pain, spinal stenosis, or previous fusion. There also should be no more than 2 joint levels blocked at a time. The injured worker has had a previous fusion in 2008 and he does have evidence of radicular pain upon examination that is corroborated by MRI and the Electromyography (EMG)/Nerve Conduction Velocity (NCV). The request is asking for 3 levels, at level 3, L4, and L5. There is a lack of evidence and documentation that there is a pending neurotomy. The clinical information fails to meet the evidence-based guidelines for the request for the medial branch blocks. Therefore, the request for the bilateral L3, L4, L5 medial branch blocks is not medically necessary and appropriate.