

Case Number:	CM14-0085445		
Date Assigned:	07/23/2014	Date of Injury:	10/17/2008
Decision Date:	09/09/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/09/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 35 year old female who was injured on 10/17/08 when she slipped and fell, sustaining a low back strain. Records include the patient's report of a recurrent slip and fall on 01/10/12 at which point she landed on her back. MRI of the lumbar spine dated 10/24/13 reveals arthritic changes in the facet joints bilaterally at L4-5 and at L5-S1. Compromise of the exiting nerve roots is also noted at these levels due to a two millimeter posterior disc bulge at L4-5 and a three millimeter posterior disc bulge at L5-S1. Physical examination of the lumbar spine dated 11/21/13 reveals tenderness to palpation at the L4, L5 and S1 spinous processes with decreased range of motion (ROM). Lasegue's sign is positive at the bilateral calves. Diagnostic studies: EMG/NCV of the bilateral lower extremities performed on 04/19/14 is a normal electrodiagnostic study. Physical examination of the lumbar spine on 06/28/14 notes the injured worker is tender to palpation at the lumbosacral junction and at the bilateral SI joints. Palpation to the other aspects of the lumbar spine, including paravertebral areas, is negative for tenderness. The injured worker demonstrates full lumbar range of motion. Neurological examination reveals negative straight leg raise and no diminished sensation or reflexes. Records indicate the injured worker was approved for chiropractic treatment in 2011; however, there are no treatment notes submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block L4-5/L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Facet joint pain, signs & symptoms, Facet joint diagnostic blocks.

Decision rationale: The request for bilateral medial branch blocks at L4-5 and L5-S1 is not recommended as medically necessary. ODG states the criteria for the use of diagnostic blocks for facet "mediated" pain includes clinical presentation which is consistent with facet joint pain, signs and symptoms. This includes tenderness to palpation in the paravertebral areas over the facet regions and a normal sensory examination. The most recent physical examination did not reveal tenderness to palpation of the paravertebral areas. Physical examination dated 11/21/13 noted positive Lasegue's sign which is indicative of nerve root involvement. Criteria for the use of MBBs further includes documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The records submitted for review indicated the injured worker was approved for conservative therapeutic treatment in 2011 but there were no treatment notes submitted for review. Records do not indicate the injured worker has failed to appropriately respond to conservative treatment in the 4-6 weeks preceding the request. Based on the clinical information provided, medical necessity for bilateral medial branch blocks is not medically necessary.