

Case Number:	CM14-0095528		
Date Assigned:	07/25/2014	Date of Injury:	05/20/2010
Decision Date:	10/02/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 Interventional Spine 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 patient is a 45-year-old male with a date of injury of 05/20/2010. The listed diagnoses per [REDACTED] are: 1. Axial low back pain, probable facet-mediated. 2. Lumbago. 3. Lumbar disk bulge. 4. Muscle spasms. 5. Myofascial. 6. Lumbar neuroforaminal and lateral recess stenosis. According to progress report 04/20/2014, the patient complains of right greater than left low back pain which radiates down to the right buttock and posterior thigh. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles and facets. Range of motion was decreased in all planes with pain. Report 02/04/2014 indicates the patient has low back pain with some associated spasm. Treating physician states there are no radiating symptoms down his legs. Examination revealed painful hip internal and external rotation. "Facet loading is painful, paraspinal muscle tender, no sensory changes bilateral lower extremities." Treating physician states straight leg raise testing is negative. He is requesting an L3-L4 medial branch block bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 Medial Branch Block bilateral injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Lumbar Facet joint signs & symptoms: Recommend diagnostic criteria below. Diagnostic blocks are required as there are no findings on history, physical or imaging studies that consistently aid in making this diagnosis. Controlled comparative blocks have been suggested due to the high false-positive rates (17% to 47% in the lumbar spine), but the use of this technique has not been shown to be cost-effective.

Decision rationale: This patient presents with continued low back pain. The Treating physician is requesting L3-L4 medial branch block to identify facet-mediated pain. ACOEM Guidelines do not discuss facet injections for treatment, but do discuss dorsal medial branch block as well as radiofrequency ablation on page 300 and 301. ODG also support facet diagnostic evaluations for patient presenting with paravertebral tenderness with non-radicular symptoms. Although treating physician's report from 02/04/2014 indicates the patient does not have radicular symptoms, most recent progress report from 04/28/2014 indicates the patient has radiating pain down buttock. Furthermore, another treating physician, [REDACTED], on 03/03/2014 indicated the patient has right lower extremity pain and radiculopathy, and provided a diagnosis of lumbar radiculitis. Facet block injections are not indicated for patients with radicular symptoms. The request is not medically necessary.