

Case Number:	CM14-0098426		
Date Assigned:	08/29/2014	Date of Injury:	10/15/2010
Decision Date:	12/02/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/26/2014

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 43 years old female with an injury date on 10/15/2010. Based on the 06/23/2014 progress report provided, the diagnoses are:1. Recurring severe lower back pain.2. Hypothyroidism3. Satisfactory post op left arm Carpal Tunnel Release 03/18/2014.4. Asymptomatic Left Cubital Tunnel Syndrome.5. Resolved inner ear problem with dizziness, tinnitus, equilibrium difficulties6. Prior blurring of vision left eye.7. Status post (s/p) successful disc replacement C5-6 on 06/12/2012 for herniated cervical disc, C5-6 > C4-5 the former with more severe bilateral neuroforaminal stenosis.8. Post op12/18/2012 surgery for 5 mm herniated lumbar disc at L5-S1 with prior lumbar pains and left lumbar radiculopathy. S/P surgical intervention 12/18/2012. Artificial disc L4-5.9. April 2014 new CT/MRI scan of the L-S spine shows more neuroforaminal encroachment at L4-5 due to arthritic spurs.10. Resolving Cephalgia secondary to cervical myelopathy.11. Weight pain-post op12. Asymptomatic today Gastric ulcer disease.13. Long left leg accentuating strain to the lower back slightly.14. The sole injury responsible for all of her neck and back injury (on exam day of 08/27/2013 was the 10/15/2010 motor vehicular accident.15. Noteworthy that the August 2011 incident of arresting and handcuffing a subject was merely an exacerbation of her already present injury that did not and has not any new injury occurring in addition to the 10/15/2010 original and only cause since 10/15/2010 of her neck and lower back pains. The lower back is not new case on its own. The lower back date of injury is also 10/15/2010 as has been consistently stated and found in her diagnoses and treatment evaluations. According to this report, the patient complains of "increasing pain with 4-5-7/10 stiffness and soreness Lower back." Physical exam reveals 2+/4+ paravertebral muscles spasm with a negative bilateral straight leg raising. There were no other significant findings noted on this report. The utilization review denied the request on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Bilateral facet injection, medial branch block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back Procedure Summary (updated 05/12/2014)

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 under Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections)

Decision rationale: According to the 06/23/2014 report, this patient presents with increasing pain with 4-5-7/10 stiffness and soreness in lower back. The treater is requesting L4-L5 bilateral facet injection, medial branch block. The utilization review denial letter states "It was noted that the claimant was complaining of sciatic and low back pain in the 04/20/2014 report." The claimant currently has complaints of leg pain and there are no finding reported on exam that suggest facet generated pain. Regarding medial branch blocks, MTUS does not address it, but ODG low back chapter recommends it for "low-back pain that is non-radicular and at no more than two levels bilaterally." Review of the 06/23/2014 report do not shows evidence of prior medial branch block (MBB) being done in the past. The 04/20/214 report that utilization review mentioned were not included in the file for review. In this case, the patient has non-radiating (non-dermatomal distribution) low back pain with paraspinal muscles spasm upon palpation. An evaluation of the facet joints would appear to be reasonable and consistent with ODG Guidelines.