

Case Number:	CM14-0131123		
Date Assigned:	08/20/2014	Date of Injury:	04/27/2001
Decision Date:	04/16/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on April 27, 2001. The injured worker was diagnosed as having lumbar disc disease, radiculopathy, and facet syndrome, bilateral sacroiliac joint arthropathy and status post right knee arthroscopy. Treatment and diagnostic studies to date have included physical therapy, chiropractic, home exercise, medication and rest. A progress note dated July 22, 2014 the injured worker complains of low back pain radiating down left leg with pain rated 4/10. She had epidural steroid injection in July 2014 with 70% reduction in pain. Physical exam notes lumbar tenderness over the facet joints and antalgic gait. The note indicates that the patient's radicular symptoms have resolved since undergoing transforaminal epidural steroid injections. She notes increased pain upon extension and lateral bending. There are no radicular symptoms on physical examination at this time. The patient has failed conservative treatment in the form of physical therapy, chiropractic therapy, medication, rest, and home exercise. Therefore, lumbar medial branch blocks at L4 through S1 are being requested. Radiofrequency neurotomy will be considered based upon the outcome of the injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral L4-S1 medial branch block: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

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, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it appears the radicular symptoms have resolved. The patient appears to continue to have axial low back pain with examination findings of tenderness over the facets with positive facet loading. The patient is reported to have failed conservative treatment. Therefore, diagnostic lumbar medial branch blocks are a reasonable next step in identifying any remaining pain generators. Therefore, the currently requested bilateral L4-S1 medial branch block is medically necessary.