

Case Number:	CM14-0189825		
Date Assigned:	11/20/2014	Date of Injury:	05/18/2012
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/13/2014

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 63 year old male with an injury date of 05/08/12. Based on the 05/21/14 progress report, the patient presents with lumbar spine pain which he rates as an 8/10. He has spasm and tenderness over the right lumbar paraspinal muscle. He has pain in forward flexion and has a positive facet load/stress test. The 07/02/14 report indicates that the patient complains of throbbing, tingling, and numbness which he rates as a 7/10. The 09/10/14 report states that the patient describes his pain as sharp and rates it as a 7-8/10. No additional exam findings were provided. The 06/18/12 MRI of the lumbar spine revealed "L4-L5 2-mm protrusion, subtle excessive annular fissuring and a more focal left posterior lateral high intensity zone seen on the sagittal section 3 with mild flattening of the ventral thecal sac and crowding of both subarticular gutters and mild-to-moderate degree of narrowing of the foraminal entrance zone. There is also facet arthropathy." The patient's diagnoses include the following: 1. Lumbar facet arthropathy 2. Lumbar radiculitis, left 3. Lumbar sprain and strain 4. Muscle spasm 5. Chronic pain 6. Hypertension The utilization review determination being challenged is dated 10/15/14. Treatment reports were provided from 03/28/14- 09/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar L3-L4, L4-L5 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 - Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Facet joint pain, signs & symptoms

Decision rationale: According to the 09/10/14 report, the patient presents with lumbar spine pain. The request is for BILATERAL LUMBAR L3-L4, L4-L5 MEDIAL BRANCH BLOCK to help increase the patient's mobility. Review of the reports provided does not show any prior medial branch blocks completed. The 05/21/14 report indicates that the patient has spasm and tenderness over the right lumbar paraspinal muscle. He has pain in forward flexion and has a positive facet load/stress test. The 06/18/12 MRI of the lumbar spine revealed "L4-L5 2-mm protrusion, subtle excessive annular fissuring and a more focal left posterior lateral high intensity zone seen on the sagittal section 3 with mild flattening of the ventral thecal sac and crowding of both subarticular gutters and mild-to-moderate degree of narrowing of the foraminal entrance zone. There is also facet arthropathy."The ACOEM Guidelines do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG Guidelines also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. Patient's diagnoses on 09/10/14 includes lumbar radiculitis. However, there is no description of any leg symptoms and the patient's pain appears to be limited to the low back. Given the exam findings and location of symptoms, the investigation of facet joints via median branch blocks appear reasonable and consistent with the guidelines. Recommendation is medically necessary.