

Case Number:	CM14-0190685		
Date Assigned:	11/24/2014	Date of Injury:	08/06/2012
Decision Date:	01/14/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and 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 patient is a 40 year old male who was injured on 8/6/2012. The diagnoses are lumbar facet arthropathy, right SI joint arthropathy, myofascial pain and low back pain. The 2013 MRI of the lumbar spine showed multilevel disc bulges with foraminal narrowing and indentation of the theca sac. The patient reported that EMG/NCV done at Kaiser was positive for radiculopathy but the report was not available for this review. The patient completed Physical Therapy, acupuncture and epidural steroid injections. The previous lumbar facet medial branch blocks performed on 7/24/2014 and 9/4/2014 provided few hours of significant pain relief. The patient reported no significant pain relief following several trigger point injections. On 5/28/2014 [REDACTED] noted that the patient had symptoms and signs consistent with right SI joint pathology but it had not yet been address by interventional pain doctor, [REDACTED]. On 9/22/2014, [REDACTED] noted that the patient reported no change in the pain since the September 2014 injections. The patient was advised to follow up with [REDACTED] for lumbar rhizotomy procedure. On 10/3/2014, [REDACTED] not subjective complaint of pain score of 8/10 on a scale of 0 to 10. The low back pain was non radicular. There was objective finding of positive facet loading and tenderness over the lumbar facet area. The medications listed are Norco and Tizanidine. A Utilization Review determination was rendered on 10/14/2014 recommending non certification for right lumbar medial branch blocks L3, L4 L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Medial Branch Blocks, L3-, L4, L5, L3-, L4, and L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back

Decision rationale: The CA MTUS did not address the use of facet median branch blocks and rhizotomy for the treatment of lumbar facet arthropathy. The ODG guidelines recommend that diagnostic facet median branch block can be repeated if there is equivocal evidence of significant pain relief following the diagnostic median branch blocks. The records indicate contradictory reports of the result of the previous lumbar facet median branch blocks. The records from [REDACTED]. [REDACTED] and [REDACTED] are contradictory. It is not uncommon for patients to report contradictory results following diagnostic facet median branch blocks because of the short duration of the pain relief. A confirmatory diagnostic block is recommended to evaluate a potential beneficial effect of the rhizotomy procedure. The criteria for repeat Right Lumbar Medial Branch Blocks, L3-, L4, and L5 were met. The requested Right Lumbar Medial Branch Blocks, L3-, L4, L5 is medically necessary.