MAXIMUS Federal Services

Case Number:	CM14-0190764		
Date Assigned:	11/24/2014	Date of Injury:	01/31/2014
Decision Date:	01/09/2015	UR Denial Date:	10/22/2014
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 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:

This case involves a 33 year old female with a date of injury of 1/31/14. Per report dated 9/23/14, the patient has diagnosis of persistent left greater than right L5 radiculitis. Report dated 10/8/14 states that the patient's current diagnosis is lumbar radiculopathy. According to progress report 10/7/14, the patient underwent a left L4-5 ESI, "which unfortunately was ineffective." The patient reports feeling worse, with continued low back pain that "shoots all the way down the left leg and more circumferentially in the distal right leg." Examination revealed tenderness over the paraspinous muscles, particularly at L4-5 and L5-S1 facet joints bilaterally. Straight leg raise test is positive and causes pain. There is diminished sensation in the left anterior thigh, lateral calf, and shin and dorsum foot. The treating physician stated that the patient has "probably post traumatic bilateral lumbar facet syndrome with deferred sclerotomal symptoms to the legs." He would like to proceed with bilateral L4-L5 medial branch block. Utilization review denied the request on 10/22/14. Treatment reports from 2/5/14 through 10/30/14 were provided for review. The treater states that the patient has "probably post traumatic bilateral lumbar facet syndrome with deferred sclerotomal symptoms to the legs." He would like to proceed with bilateral L4-L5 medial branch block. Utilization review denied the request on 10/22/14. Treatment reports from 2/5/14 through 10/30/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Medial Branch Blocks (Therapeutic Injections)

Decision rationale: The patient presents with low back pain that shoots down the bilateral lower extremities. The current request is for bilateral L4-L5 medial branch block. The Utilization review denied the request stating that prior conservation treatment is not well documented. ACOEM Guidelines do not discuss facet injections for treatment, but do discuss dorsal medial branch block as well as radiofrequency ablation on pages 300 and 301. Official Disability Guidelines (ODG) under the Low Back Chapter also supports facet diagnostic evaluation for patients presenting with paravertebral tenderness with non-radicular symptoms. In this case, the treating physician notes low back pain radiates down the bilateral legs. The patient also has a positive straight leg raise and diagnosis of lumbar radiculitis. Facet block injections are indicated for patients with non-radicular symptoms; therefore, this request is not medically necessary.