

Case Number:	CM14-0190779		
Date Assigned:	11/24/2014	Date of Injury:	09/22/2011
Decision Date:	01/09/2015	UR Denial Date:	11/12/2014
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 American Board Internal Medicine 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 injured worker (IW) is a 47-year-old man with a date of injury of September 21, 2011. The mechanism of injury occurred as a result of moving heavy boxes. He felt immediate pain in his lumbar spine with some radiation of his pain down both lower extremities with intermittent numbness sensation affecting both legs. MRI of the lumbar spine without contrast dated February 4, 2014 revealed L2-L3; a 2 to 3 mm right lateral protrusion is present with mild right foraminal stenosis. L3-L4 through L5-S1, lateral bulging of the disc and mild facet arthrosis results in mild bilateral foraminal stenosis. A small right paracentral annular fissure is present at L5-S1. Pursuant to the handwritten, largely illegible progress note dated November 4, 2014, the IW complains of pain in the back to the bilateral buttocks especially with bending and twisting to either side. Using (?-illegible) to ambulate. There is no significant numbness of the legs. Physical examination revealed (+) bilateral LS facet maneuver, (?-illegible) in all planes. (-) SLR. The IW was diagnosed with chronic myofascial pain syndrome, chronic lumbar spine strain, and chronic bilateral lumbosacral facet syndrome. A progress note date August 5, 2014 documented lumbar radiculopathy in the list of diagnoses. The provider documents that he will request chiro to help with pain management. The provider prescribed Neurontin 600mg TID, and Menthoderm gel prn for numbness. The provider documents that he will request MBB at L4, L5, (?-illegible).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3. L4. L5. S1 Medical Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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; Facet Joint Diagnostic Blocks

Decision rationale: Pursuant to the Official Disability Guidelines, left L3, L4, L5, S1 medial branch blocks are not medically necessary. The guidelines enumerate the criteria for the use of diagnostic blocks for facet mediated pain. The clinical presentation must be consistent with facet joint pain, signs and symptoms. These include, but are not limited to, one set of diagnostic medial branch blocks with a response of greater than or equal to 70%; patients with low back pain that is non-radicular and no more than two levels bilaterally; documentation of conservative treatment; no more than two levels in one session. See guidelines for additional details. In this case, the worker is 47 years old; the date of injury September 22, 2011. He felt immediate pain in his lumbar spine with radiation down both lower extremities with intermittent numbness. The patient was being treated from October 22, 2013. Medial branch blocks were denied by the insurance company at that time. In March 2014 the injured worker has continued pain in the right lower back with some radiation of pain down the right lower extremity with occasional numbness and tingling of the right leg. At the present time he has right lower back discomfort with radiation down the right lower extra. The clinical diagnoses (August 5, 2014) are right lumbosacral radiculopathy; right lumbosacral strain them: right lumbosacral facet syndrome; and myofascial pain syndrome. Facet joint injections are limited to patients with low back pain that is non- radicular and that no more than two levels bilaterally. The documentation reflects symptoms and signs compatible with signs and symptoms that are radicular nature. The symptoms radiate down his right lower extremity. Consequently, the medial branch blocks for left L3, L4, L5, and S1 are not medically necessary.