

Case Number:	CM14-0200304		
Date Assigned:	12/10/2014	Date of Injury:	04/28/2014
Decision Date:	01/29/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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 a date of injury of 04/28/2014. According to treatment report dated 10/19/2014, the patient presents with persistent pain in the lower back that radiates to the bilateral lower extremities. The pain is rated as 7/10 on a pain scale. Pain is better with rest and medication and worse with activities. The patient's medication regimen includes Keratek topical cream and Tylenol No. 3, which helps to reduce pain from 8/10 to 3/10. The patient is currently not working. Examination of the lumbar spine revealed decreased range of motion. There was tenderness over the paraspinals and hypertonicity noted on the right greater than left side. Straight leg raise test was positive on the right at 50 degrees to the posterior thigh. Kemp's test was positive bilaterally. There was normal strength at 5/5 bilaterally and decreased sensation at 4/5 on the right L5-S1. Deep tendon reflexes were 2+ at the patellar and Achilles tendons bilaterally. The listed diagnoses are: 1. Acute lumbar strain. 2. Rule out disk herniation, lumbar spine. 3. Antalgic gait secondary to low back pain. Treatment plan is for followup with pain management doctor for possible lumbar epidural injections and refill of medications. This is a request for medial branch block or facet joint injection to the right L3-L4, L4-L5, and L5-S1. The utilization review denied the request on 11/12/2014. Treatment reports from 05/14/2014 through 10/19/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block or facet joint injection - Right L3-4, L4-5, L5-S1: Upheld

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 (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, Facet joint radiofrequency neurotomy.

Decision rationale: This patient presents with ongoing low back pain that radiates to the bilateral lower extremity. The current request is for medial branch block or facet joint injection on right L3-L4, L4-L5, L5-S1. ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines provide more detailed discussion and allows for facet diagnostic evaluation of facet joints but not therapeutic injection of the facet joints. Evaluation of facet joints is recommended when radicular symptoms are not present. The ODG states RF ablation is understudy and that there are conflicting evidence available as to the efficacy of its procedure and approval of treatment should be based on a case by case basis. In this case, the patient presents with radicular symptoms, positive straight leg raise, and decreased sensation affecting the right lower extremity. The ODG states evaluation of facet joints are recommended when radicular symptoms are not present. In addition, the treating physician has made a request for 3-level blocks, and the ODG does not recommend more than 2 levels to be performed at 1 time. This request is not medically necessary.