

Case Number:	CM14-0202087		
Date Assigned:	12/12/2014	Date of Injury:	06/05/2013
Decision Date:	02/03/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/02/2014

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 32 year old male with an injury date of 06/05/13. The 10/22/14 report states that the patient presents with upper, mid and lower backache. Pain is rated 6/10 with medications and as high as 10/10 without. The patient states that he does not have radicular pain or numbness and tingling and that lower left leg pain is from a previous injury. The patient has antalgic gait and returned to work 09/25/14. Examination of the cervical and thoracic spine reveals paravertebral tenderness on both sides. Range of motion of the lumbar spine is limited by pain. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on both sides. Lumbar facet loading is positive on both sides, Straight leg raise is negative and Faber test is positive. This report also states straight leg test is positive on the right side. Sensory examination shows sensation to pin prick is decreased over the L3, L4, S1 and S2 lower extremity dermatomes on the right side. The treater cites MRI 11/23/13 lumbar: 1. Multi-level disc desiccation 2. Small annular tear at L2-3 and 1-2 mm disk bulge 3. L3-4 3-4mm inferior foraminal bulge 4. L4-5 left foraminal disk herniation, Right foraminal 2-3 mm bulge The patient's diagnoses include: 1. Lumbar facet syndrome 2. Lower back pain 3. Lumbar radiculopathy The patient states he cannot function without medication due to pain. He is prescribed Norco and Cymbalta. He received LESI at L4-5 05/09/14 with no relief. The utilization review of 11/04/14 denied the request for Medical Branch Block L3, L4, L5 and S1 due to noted radicular deficits and limited documentation of facet joint affectation in imaging findings. Reports were provided for review from 03/13/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at right L3, L4, L5, and S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure

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 Chapter, Facet joint medial branch block, Facet joint pain, sign & symptoms

Decision rationale: The patient presents with mid, upper, and lower back pain rated 6-10/10. The current request is for Medial branch block at right L3, L4, L5, and S1 per 10/22/14 report and 10/28/14 Request for authorization. The ODG, Low Back Chapter, Facet joint medial branch block, Facet joint pain, sign & symptoms state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular, "although pain may radiate below the knee," normal sensory exam, tenderness to palpation in the paravertebral areas (over the facet region); and Normal straight leg raising exam. The 10/22/14 report states, "Patient complains primarily of axial low back pain--low back pain 80% of pain-BLE 20% pain--pain down both posterior buttock and thigh ending above the knee--non-dermatomal patten (sic) of pain-referred pain from low back." The physician also notes the patient has failed past physical therapy, regular home exercise and ESI. Opioids provided some relief but the patient prefers not to use regularly. The treating physician also notes that the requested Medial Branch Block of 10/22/14 was denied and states, "...patient qualifies as he has significant (sic) lumbar facet loading pain with limited lower back extension." The reports provided do not show a prior Medial Branch Block for this patient. In this case, the examination findings show paravertebral tenderness with positive facet loading with some symptoms down the leg. Although there is conflicting information regarding the diagnosis of radiculopathy/radicular pain, the patient has 80% of pain in the low back and a diagnostic DMB blocks would appear medically reasonable. The requested L3-S1, or 4 levels of DMB blocks cover L4-5, and L5-S1, as L5-1 level can be innervated by L4, 5 and L1 DMB nerve. The request is medically necessary.