

Case Number:	CM14-0202764		
Date Assigned:	12/15/2014	Date of Injury:	08/05/1999
Decision Date:	02/04/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/04/2014

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:

This 51 year old female sustained an industrial injury on 8/5/1999. The mechanism of injury is not described. Current diagnoses include chronic non-malignant pain syndrome involving the lumbar spine, lumbar radiculitis, lumbar spondylosis, and lumbago. Treatment history has included oral medications, physical therapy, home exercise program, and spinal cord stimulator insertion on 9/26/2012. Treatment report dated 10/23/2014 states that the patient has continued neck and low back pain. There is intermittent leg pain as well. There is a documented 87% improvement in pain when the spinal cord stimulator is on. Physical exam showed tenderness to palpation over lumbar paraspinous and right lateral notch with decreased range of motion. There is a slight decreased sensation in the right L5 dermatomal distribution. There is a positive straight leg raise at 60 degrees with exacerbation of pain in the right gluteal region and posterior thigh. Recommendations include continuing the current medication regimen, home exercises, 2 times medial branch block at L2, L3 and L4, and follow up in 6-8 weeks. There is no mention of the worker's current work status. On 11/14/2014, the Utilization Review denied the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar L2, L3, L4 medial branch block under fluoroscopic guidance x2 as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The

Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010, Physician's Desk Reference, 68th ed. www.RxList.com, ODG Workers Compensation Drug Formulary

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 regarding Facet joint diagnostic blocks

Decision rationale: This patient presents with chronic low back pain with intermittent leg pain. The current request is for Left lumbar L2, L3, L4 medial branch block under fluoroscopic guidance x2 as an outpatient. ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. In this case, the patient presents with radicular symptoms, positive straight leg raise, and decreased sensation affecting the lower extremity. ODG states evaluation of facet joints are recommended when radicular symptoms are not present. In addition, the treating physician has made a request for 2 medial branch blocks and ODG states that "one set of diagnostic medial branch blocks is required with a response of 70%." The requested 2 medial branch blocks are not medically necessary.