

Case Number:	CM14-0202953		
Date Assigned:	12/15/2014	Date of Injury:	07/22/2011
Decision Date:	02/05/2015	UR Denial Date:	11/24/2014
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 Pain 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:

This is a patient with a date of injury of July 22, 2011 through June 7, 2012. A utilization review determination dated November 24, 2014 recommends noncertification of medial branch blocks at L3, L4, and L5 on the left. Noncertification was recommended due to physical examination findings identifying possible radiculopathy. A progress report dated November 19, 2014 identifies subjective complaints indicating that the patient previously had an abnormal EMG/NCS. The note indicates that the patient obtained significant pain relief and functional improvement with a transforaminal epidural steroid injection. He continues to complain of low back pain as well as burning, throbbing, and numbness in his lower extremities. Physical examination findings revealed tenderness to palpation over the L4-5 facet joints on the left side made worse with dorsiflexion and lateral bending. The patient has a positive straight leg raise bilaterally, and decreased strength/sensation in the lower extremities. Diagnoses include lumbar disc displacement, lumbar radiculopathy, and lumbar degenerative disc disease. The treatment plan recommends continuing the current medications, continuing home exercise, and request medial branch block L3, L4, and L5 on the left side. A letter dated October 27, 2014 states that the patient has persistent pain with more pain in his leg than in his back with positive physical examination findings and meets the criteria for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block (MBB) L3 L4 dorsal ramus L5 on the left: 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) Treatment Index

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic)

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, the patient has subjective complaints and objective findings supporting a diagnosis of lumbar radiculopathy. Additionally, the patient does not have physical examination findings identifying pain or positive facet loading over the left L5/S1 facet joints to support the need for MBB at the L5 level. In the absence of clarity regarding those issues, the currently requested medial branch blocks are not medically necessary.