

Case Number:	CM14-0090411		
Date Assigned:	07/23/2014	Date of Injury:	12/08/2013
Decision Date:	05/19/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 is a 54 year old male who sustained an industrial injury on 12/08/2013. Diagnoses include lumbago, sciatica, and post laminectomy syndrome status post L4-L5 hemilaminectomy in 2002. Treatment to date has included surgery, diagnostic studies, medications, acupuncture, physical therapy, chiropractic sessions, and an epidural steroid injection that did not provide significant relief. A physician progress note dated 05/06/2014 documents the injured worker complains of pain in the neck, lower back, right shoulder, left arm, left hand, left leg, right knee, left foot and left hip. The left lower back pain is associated with numbness and tingling in the left leg and left foot, as well as weakness in the left leg and foot. He rates as 9 out of 10, on a scale of 0-10. His average pain this last week was rated as 9 out of 10. He is positive for numbness and tingling in the left leg and left foot, weakness in the left arm, left leg and left foot, and he has trouble walking. He also has problems controlling his bowel and bladder. On examination of the lumbar spine range of motion with forward flexion is 10 degrees and extension is 10 degrees. Rotation is limited. There is tenderness and spasm over the lumbar paraspinal muscles. There is positive lumbar facet loading maneuver bilaterally. Straight leg raise test is positive on the left in the seated and supine position: however, the injured worker noted localized pain in the low back on the right side with straight leg raise testing. The treatment plan includes injection, physical therapy with Transcutaneous Electrical Nerve Stimulation Unit, and medications. Treatment requested is for diagnostic differential MBB/bilateral L3, L4, and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC DIFFERENTIAL MBB/BILATERAL L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid injections.

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) Low back-Facet joint diagnostic blocks (injections).

Decision rationale: Diagnostic differential MBB/Bilateral L3, L4, L5 is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be no more than 2 facet joint levels are injected in one session. The request exceeds the number of injection levels for this procedure as recommended by the guidelines. Furthermore the documentation indicates that the patient has radicular symptoms therefore the request for medial branch blocks are not medically necessary.