

Case Number:	CM15-0104991		
Date Assigned:	06/09/2015	Date of Injury:	08/25/2014
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 39 year old male, who sustained an industrial injury, August 25, 2014. The injured worker previously received the following treatments Voltaren ER, Neurontin, Flexeril, Protonix, physical therapy, range of motion exercises, stretching, strengthening and spine stabilization home exercises, left sided S1 transforaminal epidural injection, L5 transforaminal epidural steroid injection and L5-S1 translaminar lumbar epidural steroid injection on April 6, 2015. The injured worker was diagnosed with multilevel lumbar spondylosis with mild stenosis at L2-L3 confirmed by MRI, Lumbar facet syndrome, bilateral neuroforaminal stenosis at L4-L5 (Confirmed by MRI), left paracentral disc protrusion at L5-S1 with S1 nerve root abutment (confirmed by MRI and chronic myofascial pain syndrome. According to progress note of April 6, 2015, the injured workers chief complaint was severe constant low back pain shooting down the legs, more on the left than the right with tingling and numbness and paresthesia. The injured worker rated the pain at 7-8 out of 10. The pain was aggravated by prolonged standing, bending, and lifting heavy objects made the pain worse. The follow-up visit on April 16, 2015, the injured worker reported tiredness after the epidural steroid injection. The injured worker's limping was significantly improved. The injured worker was having occasional tingling, numbness, and paresthesia in the left leg. The injured worker was still complaining of constant low back pain with intermittent flare-ups. The pain was rated at 2-3 out of 10 with prolonged standing, bending, and lifting heavy objects made the pain worse. There was increased lumbar lordosis. The range of motion of the lumbar spine was restricted. The paravertebral muscle spasm and localized tenderness was reduced in the lumbar spine area. The treatment plan included a request for bilateral L4-L5 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

Decision rationale: Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, guidelines do not recommend more than one therapeutic intra-articular block with positive significant pain relief and functional benefit for duration of at least 6 weeks prior to consideration of possible subsequent neurotomy. Facet blocks are not recommended in patients who may exhibit radicular symptoms as in this injured worker with leg paresthesia s/p lumbar epidural steroid injections. There are no clear symptoms and clinical findings specific of significant facet arthropathy with correlating MRI results showing neuroforaminal stosis and disc protrusions. Submitted reports have not demonstrated support outside guidelines criteria. The Bilateral L4-L5 medial branch blocks is not medically necessary and appropriate.