

Case Number:	CM15-0106460		
Date Assigned:	06/10/2015	Date of Injury:	05/09/2013
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

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

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 (IW) is a 54-year-old male who sustained an industrial injury on 05/09/2013. Diagnoses include bilateral lumbar facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, chronic low back pain and lumbar sprain/strain. Treatment to date has included medications, trigger point injections, epidural steroid injection and physical therapy. He had previous left lumbar microdiscectomy surgery, which he initially reported resolved his leg pain. According to the Initial Consultation Report dated 4/21/15 the IW reported achy bilateral low back pain rated 8/10 aggravated by prolonged sitting and standing, by lifting, twisting, driving, any activities, lying down, coughing, sneezing and bearing down. Medications included Metformin, Glyburide, Januvia, Lantus, Trazadone, Tramadol ER, Topamax and Norco. On examination, the lumbar paraspinal muscles were tender to palpation over the bilateral L4-5 and L5-S1 facet joints. Range of motion was restricted in all planes; lumbar extension was worse than flexion. All provocative maneuvers were negative bilaterally and the neurologic exam was within normal limits. Electrodiagnostic testing of the bilateral lower extremities on 7/13/14 found no evidence of lumbosacral radiculopathy. A request was made for fluoroscopically guided bilateral L4-L5 and bilateral L5-S1 facet joint medial branch blocks to evaluate for the presence of bilateral lumbar facet pain as the cause of the IW's low back pain symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically Guided Bilateral L4-5 and Bilateral L5-S1 Facet Joint MBB: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work-related injury in May 2013 and continues to be treated for chronic low back pain. When seen, pain was rated at 6/10. There was lower lumbar facet tenderness and pain with range of motion, particularly with extension. Neural tension signs were negative and there was a normal neurological examination. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet tenderness and extension biased pain and has undergone extensive prior conservative treatment. The criteria are met and therefore the requested lumbar medial branch block procedure is medically necessary.