

Case Number:	CM15-0131343		
Date Assigned:	07/17/2015	Date of Injury:	07/26/2007
Decision Date:	08/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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 36 year old male who sustained an industrial injury on 7/26/07 from a lifting incident involving injury to his back and shoulders. He was medically evaluated. His diagnosis was thoracic back strain, scapular pain. He was given Vicodin. He currently complains of ongoing severe low back pain. His pain level is 9/10 without medication and 4-5/10 with medication. On physical exam there was tenderness to palpation in the low lumbar paraspinals and sacroiliac joints. Standing stork test was positive bilaterally. Medications were Norco, Neurontin. Medications have allowed him to perform activities of daily living with less pain and to work part-time. He takes medical marijuana. Diagnoses include lumbar facet arthropathy; lumbar discogenic pain; low back pain; bilateral lower extremity radicular pain; bilateral sacroiliac joint dysfunction. Treatments to date include bilateral L4, L5 and S1 medial branch blocks (2/9/12) with no significant benefit and had increased pain for one week following the injection (per 2/22/12 progress note); Physical therapy with little benefit; epidural steroid injection with no benefit. Diagnostics include MRI of the lumbar spine (6/18/14) showing degeneration at L4-5 and L5-S1 with mild bilateral foraminal stenosis; MRI lumbar spine (11/27/07) showing disc desiccation at L4-5 and L5-S1. In the progress note dated 6/24/15 the treating provider's plan of care includes a request for fluoroscopic guided nerve blocks of the medial branch of L5 and the lateral branches of S1, S2 and S3 to see if he would be a candidate for radiofrequency ablation of the sacroiliac joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 Medial Branch Block and lateral branches of S1, S2 and S3: Upheld

Claims Administrator 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 Chapter, Facet joint pain, signs & symptoms.

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) Chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The patient presents with low back pain. The request is for BILATERAL L5 MEDIAL BRANCH BLOCK AND LATERAL BRANCHES OF S1, S2 AND S3. The request for authorization is dated 06/25/15. MRI of the lumbar spine, 06/18/14, shows no evidence of significant central canal stenosis or impingement on exiting nerve roots; Degeneration at L4-L5 and L5-S1 with mild bilateral foraminal stenosis. Physical examination reveals he is tender to palpation diffusely in the low lumbar paraspinals and SI joints. Lumbar spine range of motion is within functional limits. Lumbar extension exacerbates his pain, Motor strength 5/5 throughout. Sensation is intact. Slump test negative bilaterally. Standing stork test is positive bilaterally. DTR's are 1+ and symmetric. The patient is not interested in pursuing surgery. Patient's medications include Norco, Neurontin and Medical Marijuana. Per progress report dated 06/24/15, the patient works part-time and is P&S status. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. "There should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Treater does not discuss the request. It is not known what the treater is actually asking for, SI joint or facet joint evaluation. There are no facet joints below L5-S1 and SI joints are tested via intra-articular joint injections typically and not via dorsal medial branch blocks. Per progress report dated 06/05/15, physical examination of the lumbar spine reveals tender to palpation to her RIGHT PSIS and treater does not document any neurological deficits or radicular findings. However, per AME report dated 04/26/15, evaluator notes, "Pain also radiates to the right lower extremity as far distally as the foot, and the patient notes right lower extremity pain as resistant to neurostimulation." Physical examination of the lumbar spine reveals straight leg raise is positive bilaterally. ODG guidelines limits medial branch blocks to patients with low back pain that is non-radicular. In this case, the patient has radicular pain and positive straight leg raise. If the request was for SI joint evaluation, the guidelines do not support SI joint injections without a clear documentation of SI joint via at least 3 positive exam findings. The request IS NOT medically necessary. Per progress report dated, 03/26/15, treater's reason for the request is "The flexion bias predicts the possibility he may benefit from lumbar facet MBB and potentially RFA." It is not known what the treater is actually asking for, SI joint or facet joint evaluation. There are no facet joints below L5-S1 and SI joints are tested via intra-articular joint injections typically and not via dorsal medial branch blocks. In this case, MRI of the lumbar spine,

06/18/14, shows no evidence of significant central canal stenosis or impingement on exiting nerve roots; Degeneration at L4-L5 and L5-S1 with mild bilateral foraminal stenosis. Physical examination reveals he is tender to palpation diffusely in the low lumbar paraspinals and SI joints. Lumbar spine range of motion is within functional limits. Lumbar extension exacerbates his pain, Motor strength 5/5 throughout. Sensation is intact. Slump test negative bilaterally. Standing stork test is positive bilaterally. DTR's are 1+ and symmetric. If the request was for SI joint evaluation, the guidelines do not support SI joint injections without a clear documentation of SI joint via at least 3 positive exam findings. The request IS NOT medically necessary.