

Case Number:	CM15-0139337		
Date Assigned:	07/29/2015	Date of Injury:	11/30/2007
Decision Date:	08/31/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/17/2015

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 is a 58-year-old male with an industrial injury dated 11/30/2007. The injured worker's diagnoses include chronic pain syndrome, sciatica, other pain disorder related to psychological factors, facet syndrome, and post laminectomy syndrome of lumbar region. Treatment consisted of diagnostic studies, prescribed medications, bilateral medial branch block, trigger point injections, and periodic follow up visits. In a progress note dated 07/07/2015, the injured worker reported ongoing low back pain radiating into bilateral buttocks to left calf associated with paresthesia from knee to bilateral feet and toes. The injured worker rated current pain an 8/10. Lumbar spine exam revealed tenderness to palpitation with spasms and tight muscle band, bilaterally. Positive lumbar facet loading and positive Faber test were also noted on exam. The treating physician prescribed services for bilateral L3, L4, L5 medial branch block (second set), now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, L5 medial branch block (second set): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, under Facet joint diagnostic blocks (injections).

Decision rationale: The patient was injured on 11/30/07 and presents with low back pain and lower extremity pain. The request is for a BILATERAL L3, L4, L5 MEDIAL BRANCH BLOCK (SECOND SET). The RFA is dated 07/08/15 and the patient's current work status is not provided. The 07/07/15 report states that the patient is "S/P TPI's and Bil Mbb at L3, L4, L5 on 5/1/15 with >50% improvement in pain and improved ROM MBB was authed and will be scheduled After 5 week weeks, sx's have begun to return and he is disheartened by the return of pain and disability." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under 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)." The patient's lumbar spine has a loss of normal lordosis with straightening of the lumbar spine, on palpation, paravertebral muscles, spasm, tenderness, tight muscle band is noted on both sides, a positive lumbar facet loading, a positive FABER, 2+ spasm, and taut bands present in paraspinous area with 2+ tenderness to palpation. He is diagnosed with chronic pain syndrome, sciatica, other pain disorder related to psychological factors, facet syndrome, and post-laminectomy syndrome of lumbar region. Treatment to date includes diagnostic studies, prescribed medications, bilateral medial branch block, trigger point injections, and periodic follow up visits. In this case, patient continues to have back pain that is non-radicular and had a prior MBB with >50% improvement. ODG Guidelines recommends repeat medial branch blocks for patient with "initial pain relief of 70%, plus pain relief of at least 50% for duration of at least 6 weeks." In this case, the patient's pain relief does not meet 70% reduction required by ODG to consider anything more. Furthermore, the patient's symptoms came back after 5 weeks and did not last the duration of 6 weeks indicated by ODG Guidelines. The request IS NOT medically necessary.