

Case Number:	CM15-0145453		
Date Assigned:	08/06/2015	Date of Injury:	07/14/1968
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii

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 (IW) is a 68-year-old male who sustained an industrial injury on 07/14/1968. The initial report of injury is not found in the medical records reviewed. The injured worker was diagnosed as having: Lumbar spondylosis; Neuropathic pain; Lumbar spinal stenosis; Lumbar radiculitis; Muscle spasm; Bulging lumbar disc; Encounter for long term (current) drug use. Treatment to date has included heat, ice, massage, activity modification, and non-steroidal anti-inflammatory drugs. He underwent a diagnostic lumbar facet medial branch nerve block on 06/04/2015 and reports 80 percent pain relief. The IW has been compliant with medications and reports his pain is well controlled with no complications. Currently, the injured worker complains of pain in the low back that is a 2 on a scale of 0-10 intensity at its best, 6 on a scale of 0-10 intensity at its worst, and on average a 4 on a scale of 0-10 intensity. The pain is described as persistent and aching, sharp, shooting, stabbing, throbbing, tingling, and pressure. Pain interferes with activities of daily living. Medications include Amlodipine Besv-Benazepril HCL, Nexium, Levothyroxine Sodium, Bupropion, Lisinopril, and Aleve. On examination, he has tenderness over the lumbar facets, pain with lumbar extension-facet loading, and pain with lumbar flexion. The plan includes continuation of current medication and a request for a median branch block at bilateral L3-L5. A request for authorization was made for: 1 Medial branch block (MBB) at bilateral L3-L5 (#2).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medial branch block (MBB) at bilateral L3-L5 (#2): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Facet joint injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back Chapter, Facet joint injections, multiple series.

Decision rationale: The patient presents with diagnoses that include lumbar spondylosis, neuropathic pain, lumbar spinal stenosis, lumbar radiculitis, muscle spasm, bulging lumbar disc and encounter from long term (current) drug use. The patient presents with persistent low back pain. The current request is for 1 medial branch block at bilateral L3-L5 #2. The patient underwent a medial branch block at bilateral L3-L5 on 6/4/15 with a reported 80% ongoing pain relief, increase range of motion and the ability to sit, walk and stand more comfortably. The treating physician states on 6/16/15 "Due to the positive response of the diagnostic medial branch block, I recommend continuing with lumbar radiofrequency ablation at RT L3-L5." MTUS is silent with regards to this treatment. ODG states the following on Facet joint injections, multiple series: "Not recommended. Therapeutic injections: With respect to facet joint intra-articular therapeutic injections, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." In this case, the treating physician is clear that the next treatment step be lumbar radiofrequency ablation. The RFA and UR list the request as a MBB #2 bilateral at L3-L5. Per ODG guidelines, multiple series MBB's are not recommend and instead recommend proceeding to a radiofrequency medial branch neurotomy. The current request is not medically necessary.