

Case Number:	CM15-0148648		
Date Assigned:	08/11/2015	Date of Injury:	03/08/2013
Decision Date:	09/14/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/29/2015

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 is a 39 year old male who sustained an industrial injury on 3-8-13. He sustained a fall while at work. His initial symptoms were complaints of lower back pain and numbness and tingling in both lower extremities. He also reported left foot pain. The 4-23-15 pain management provider visit indicates that the injured worker has continued to complain of back pain, muscle spasms, numbness, tingling, and weakness. The pain was noted to be aggravated by bending over, driving, prolonged sitting and standing, and walking. Relief of symptoms has been noted with application of cold and heat, massage, and medication. The documentation indicates that physical therapy was not found to be effective. His diagnoses include Lumbar Disc Disorder, Lumbar Facet Syndrome, Lumbar Radiculopathy, Lumbar Spondylosis, Lumbar Degenerative Disc Disease, and Low Back Pain. He has had a trigger point injection in the past. He was given prescriptions for Ibuprofen and Tramadol. Treatment recommendations were made for an epidural injection at L4-5 and L5-S1. An MRI was also recommended prior to the procedure. On the 5-19-15 visit, the injured worker reported an improvement in symptoms, which improved his functional status. The treatment plan included consideration of a Medial Branch Block for L3-4, L4-5, and L5-S1 "in the future". The 6-30-15 visit indicates that the MRI revealed spondylolysis at L5-S1. The treatment plan indicated that the injured worker would "benefit most from facet blocks and a consult with a surgeon" due to his concerns about his spondylolysis. Authorization was requested for flexion extension films to identify if there is motion at the level of the spondylolysis and for a Medial Branch Block at sites

previously indicated. The injured worker was instructed to continue a healthy diet, perform a home exercise program, and take medications as prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block @ L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: Medical records indicate the patient has ongoing complaints of low back pain and bilateral leg pain, numbness and tingling. The current request is for Medial Branch Block @ L3-4, L4-5, and L5-S1. The treating physician requests flexion and extension films of the lumbar spine to evaluate for motion at the level of the spondylolisthesis, and requests an orthopedic consult. ODG guidelines state that the criteria for the use of diagnostic blocks for facet mediated pain is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. Furthermore, the ODG guidelines state that diagnostic blocks should not be performed in patients whom a surgical procedure is anticipated. In this case, the treating physician states in her 4/23/15 report, "I believe that he has nerve root impingement or radiculopathy. L4-5 and L5-S1 lumbar radiculopathy, results from nerve root impingement or inflammation that has progresses enough to cause neurologic symptoms in the areas that are supplied by the affected nerve roots." The ODG guidelines specifically state that diagnostic blocks are limited to patients with low-back pain that is non-radicular. The treating physician lists lumbar radiculopathy as one of her diagnoses. Furthermore, the ODG also states that diagnostic blocks should not be performed in patients whom a surgical procedure is anticipated. The treating physician in this case has made a referral for orthopedic consult regarding spondylolisthesis. The medical records in this case fail to establish medical necessity for diagnostic blocks at this time.