

Case Number:	CM15-0161424		
Date Assigned:	08/27/2015	Date of Injury:	04/08/2014
Decision Date:	09/30/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/17/2015

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, 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 is a 50 year old female, who sustained an industrial injury on 04-08-2014, secondary to carrying a bag of phone books resulting in low back pain. On provider visit dated 07-15-2015 the injured worker has reported low back pain. On examination of the lumbar facet loading was positive in the L4-L5 and L5-S1 distribution. The diagnoses have included lumbar spine degenerative disc disease, lumbar spine herniated nucleus pulposus-bulge and lumbar spine radiculopathy. Treatment to date has included injections. The injured worker underwent a MRI of the lumbar spine on 08-16-2014 which revealed degenerative changes and mild levoscoliosis at the thoracolumbar junction with apex centered at the L1 level and with a Cobb angle at 9 degrees. Concentric bulge at the L3-L4 level and retrolisthesis of L5-S1. The injured worker was also noted to have undergone a right L4-L5 and L5-S1 facet joint injection-therapeutic block on 06-22-2015. The provider requested bilateral L3, L4 and L5 medial branch block injections. A report dated July 15, 2015 states that after the facet joint injections, the patient was doing extremely well. Unfortunately, after a long drive her pain flared up. Physical examination findings reveal positive facet loading at L4-5 and L5-S1. The patient has failed conservative treatment including oral medication, anti-inflammatories, and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4 and L5 medial branch block injections: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for lumbar medial branch blocks, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time. Within the documentation available for review, it appears the patient is having pain in the lower lumbar facet area with positive facet loading. No radicular symptoms or findings are reported. The patient is noted to have failed conservative treatment. The patient had excellent response with facet intra-articular injections. Therefore, proceeding to medial branch blocks with possible radiofrequency ablation is reasonable. The 3 nerve levels requested correspond with 2 joint levels (L4/5 and L5/S1) and therefore are in accordance with guidelines. As such, the currently requested lumbar medial branch blocks are medically necessary.