

Case Number:	CM15-0163503		
Date Assigned:	08/31/2015	Date of Injury:	08/31/2010
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/20/2015

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 52 year old male, who sustained an industrial injury on August 31, 2010. He reported a shooting pain in his left foot. The injured worker was currently diagnosed as having foot pain, causalgia lower limb, pain in limb, left foot fracture status post multiple surgeries, lumbago, lumbar degenerative joint disease and lumbar degenerative disc disease. Treatment to date has included diagnostic studies, surgery, medication and physical therapy. Notes stated that physical therapy is not helping. On July 23, 2015, the injured worker complained of severe back pain and ongoing left foot pain with hypersensitivity in his toes. The pain was rated as a 10 on a 1-10 pain scale without medications and as a 6 on the pain scale with medications. His quality of sleep was noted to be poor. Physical examination of the lumbar spine revealed hypertonicity, spasm and tenderness with a tight muscle band on both sides. Lumbar facet loading was positive bilaterally. Tenderness was noted over the medial and lateral left ankle. The treatment plan included physical therapy for the lower back, special orthotic and foot bracing, referral to an orthopedic specialist, medications, medial branch block and a follow-up visit. A request was made for one left medial branch block at the levels of L3, L4, L5 and sacral ala.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left medical branch block at the levels of L3, L4, L5 and sacral Ala: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, under Facet Joint Diagnostic Blocks.

Decision rationale: Based on the 7/23/15 progress report provided by the treating physician, this patient presents with low back pain with occasional radiating pain to the leg, with left foot pain and hypersensitivity at the left 3, 4, 5 toes. The treater has asked for ONE LEFT MEDICAL BRANCH BLOCK AT THE LEVELS OF L3, L4, L5 AND SACRAL ALA on 7/23/15. The request for authorization was not included in provided reports. The patient rates his pain at 4/10 with medications and 6/10 without medications per 6/25/15 report. The patient is s/p lumbar X-ray which shows retrolisthesis 2mm at L2-3, mild levoscoliosis at L3 of 12 degrees, and osteoarthritis of right L4-5 joint, and a lumbar MRI which reveals relatively severe degenerative disc disease at L2-3 per 7/23/15 report. The patient is s/p physical therapy, which has not been helping per 7/23/15 report. The patient is s/p 5 surgeries for the left foot/ankle per 7/23/15 report, with ongoing, occasional shooting pain particularly when bearing weight and walking per 7/23/15 report. The patient's work status is not included in the provided documentation. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment - a procedure that is still considered under study. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. A MRI of the lumbar spine on 7/4/15 showed L2-3: severe loss of disc height disc desiccation, extensive endplate edema on both sides of disc space, a 2mm retrolisthesis of L2 on L3, a 3-4mm circumferential disc bulge. L3-4: disc desiccation, fissuring of the anterior portion of the annulus fibrosis, endplate spurs anteriorly, and fatty endplate degenerative changes on both sides of disc space. At L4-5: disc desiccation, a 2mm circumferential disc bulge, fissuring of the posterior portion of the annulus fibrosis, fatty endplate degenerative changes on both sides of disc space, mild osteoarthritis of the facet joints, thickening of the ligamentum flavum. L5-S1: mild loss of disc height, disc desiccation, vacuum phenomenon of intervertebral disc, a 3mm broad-based posterior protrusion that is eccentric to the left, fissuring of the posterior portion of the annulus fibrosis. Review of the reports dated 12/30/14 to 5/19/15 do not show any evidence of medial branch block being done in the past. In this case, this patient presents with chronic lower back pain and left foot pain. The patient has not had prior medial branch block per review of reports. There is no documentation of radicular symptoms, as this patient has back pain and residual left foot pain from a fracture. Physical exam on 5/19/15 shows tenderness to palpation of facet joints of lumbar, bilaterally. As treater has documented failure of conservative treatment and non-radicular back pain, the request IS medically necessary.