

Case Number:	CM15-0163785		
Date Assigned:	09/01/2015	Date of Injury:	04/01/2009
Decision Date:	10/05/2015	UR Denial Date:	07/29/2015
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 (IW) is a 51 year old female who sustained an industrial injury on 04-01-2009. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having: Lumbar disk disease; Lumbar radiculopathy; Lumbar facet syndrome; Right sacroiliac joint arthropathy; Right knee internal derangement. Treatment to date has included lumbar epidural steroid injection given 02-13-2015. In the visit of 05-06- 2015, the worker stated she has significant reduction of radicular symptoms and significant improvement of pain radiating to her right lower extremity after the block. She stated she was also able to walk longer periods after the epidural. She complained of increased pain on extension and lateral bending, with tightness, tenderness and spasm to the lumbar paravertebral musculature. The treatment recommendation was to request lumbar medial branch nerve blocks at bilateral L2, L2, and L2-L3 levels as a diagnostic trial to determine the origin of the worker's pain. According to the interventional pain management follow-up evaluation of 06-03-2015, the worker complained of lumbar spine pain rated a 7 on a scale of 10, and right knee pain, which she rates at an 8-9 on a scale of 0-10. She is scheduled to have right knee surgery on 06-17- 2015. On exam, she has an antalgic gait to the right. There is tenderness and muscle guarding with spasm noted over the lumbar paravertebral musculature, and she has severe facet tenderness over the L2 to L4 spinous process. She has positive sacroiliac tenderness on the right, and lumbar spine range of motion has 25 degrees lateral bending on the left and 65 degrees flexion. Hip range of motion is normal. Exam of 07-13-2015 notes the worker's pain at a 6-7 on a scale of 0-10. No orthopedic exam was performed. The plan of treatment was to continue home exercise and modifications, refill the

Relafen, and request authorization for bilateral L2 to L4 medial branch block. The worker was released to return to modified work. The lumbar medial branch nerve block. A request for authorization was submitted for a Bilateral L2-L4 Medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-L4 Medical branch block: 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, Facet Joint Intra-articular Injections.

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.

Decision rationale: The patient was injured on 04/01/09 and presents with low back pain. The request is for a Bilateral L2-L4 Medical branch block. The RFA is dated 07/13/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient had a prior medial branch block at L2-L4. 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 has an antalgic gait to the right, tenderness and muscle guarding with spasm noted over the lumbar paravertebral musculature, severe facet tenderness over the L2 to L4 spinous process, positive sacroiliac tenderness on the right, and a limited lumbar spine range of motion. She is diagnosed with lumbar disk disease, lumbar radiculopathy, lumbar facet syndrome, right sacroiliac joint arthropathy, and right knee internal derangement. Treatment to date has included a lumbar epidural steroid injection. ODG Guidelines does not support the use of facet blocks (diagnostic or otherwise) in patients who present with radicular pain, which this patient is diagnosed with. Therefore, the requested lumbar medial branch block is not medically necessary.