

Case Number:	CM15-0184322		
Date Assigned:	09/24/2015	Date of Injury:	07/31/2006
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/18/2015

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 53 year old female with an industrial injury date of 07-31-2006. Medical record review indicates she is being treated for lumbar disc disease, right trochanteric bursitis, chronic pain, depression, and rule out right shoulder internal derangement and rule out median neuropathy (06-05-2015 note). Subjective complaints (05-22-2015) included "significant lower back pain which is bilateral, around the paralumbar, sacroiliacs, buttocks, with radication down to the right leg on the lateral aspects of down to the lateral aspects of the foot." The treating physician documented the pain "significantly interferes with sleep." Her pain rating is documented as between 6-9 out of 10. Her pain rating at the time of the visit was "somewhere around a 7." Other complaints included paresthesia and numbness on the right side and "significant" weakness with possible near-falls. "She says that physical therapy, acupuncture and chiropractic did not help." "She reports Norco to have been of some help to her." "Trazodone helps with sleep, but not much with pain." The treating physician documented the injured worker had "some injections in the past" that had helped. The treating physician documented: "She tells me that her lower back pain comprises 60% of her pain and her lower extremity pain, which is only right sided, is 40% of the pain." The treatment note (06-05-2015) documented the injured worker was working. In the 06-05-2015 note the treating physician documented: "Patient will likely benefit from facet injections in the lumbar spine." A numeric pain rating was not indicated in the 06-05-2015 note. Diagnostic tests included MRI (05-01-2015) is documented as: "(1) Facet arthropathy and ligamentum flavum thickening at lumbar 4-lumbar 5 have resulted in moderate central canal narrowing, as well as moderate bilateral nerve root canal narrowing. (2)

Right sided facet arthropathy at lumbar 5-sacral 1 has resulted in moderate right sided foraminal narrowing. No central canal narrowing at this level. No disc herniation at any level". Electromyography-Nerve conduction studies (03-06-2015) are documented as: "No electro physiologic evidence for peroneal neuropathy at the fibular head, posterior tibial neuropathy at the ankle or lumbosacral radiculopathy. No electrophysiological evidence for sensory or motor polyneuropathy. Clinical correlation is always indicated. Temperature was assessed at time of testing and found to be > 31 C." Prior treatments are documented as injections "types unknown, possibly facet joint injections," chiropractic, massage therapy, and physical therapy. The number of visits and injections are unknown. Her medications included Norco, Soma, Trazodone and Ambien. Physical exam (05-22-2015) revealed "significant" paralumbar tenderness on the right and left equally, worse with hyperextension, right and left lateral rotation. Other findings included the greater trochanter was tender on the right, "mildly" on the left. Internal rotation with the lower extremity flexed at the hip "causes some pain" over the right greater trochanter. "There are no motor or sensory deficits to report." The request for authorization dated 07-09-2015 included a request for: Facet Medial Branch Blocks L5-S1 for the right side; Facet Medial Branch Blocks L4-L5 right side; On 08-24-2015 the following requests were denied by utilization review: Facet Medial Branch Blocks L5-S1 for the right side; Facet Medial Branch Blocks L4-L5 right side;

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Medial Branch Blocks L4-L5 Right Side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 3rd Edition, 2011, Low Back Disorders, Page 604.

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 07/31/08 and presents with low back pain with radicular pain down to the right leg on the lateral aspects down to the lateral aspects of the foot. The request is for a Facet medial branch blocks L4-L5 right side. The RFA is dated 08/20/15 and the patient is working, as of 06/05/15. There is no indication of any prior MBB the patient may have had to the lumbar spine. 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 significant paralumbar tenderness on the right and left and she is diagnosed with right lumbar radicular pain and significant lumbar pain. 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.

Facet Medial Branch Blocks L5-S1 for the Right Side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Guidelines, 3rd Edition, 2011, Low Back Disorders, Page 604.

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 07/31/08 and presents with low back pain with radicular pain down to the right leg on the lateral aspects down to the lateral aspects of the foot. The request is for a Facet medial branch blocks L5-S1 for the right side. The RFA is dated 08/20/15 and the patient is working, as of 06/05/15. There is no indication of any prior MBB the patient may have had to the lumbar spine. 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 significant paralumbar tenderness on the right and left and she is diagnosed with right lumbar radicular pain and significant lumbar pain. 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.