

Case Number:	CM15-0186465		
Date Assigned:	09/28/2015	Date of Injury:	10/30/2012
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 34 year old female, who sustained an industrial injury on October 30, 2012. The injured worker was diagnosed as having cervical myoligamentous injury, lumbar disc herniation with bilateral lower extremity radiculitis, thoracic myoligamentous injury, and medication induced gastritis. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, physiotherapy, chiropractic therapy, acupuncture, and medication regimen. In a progress note dated August 26, 2015 the treating physician reports complaints of an increase in pain to the low back that radiates to the bilateral groin area and to the lower extremities along with occasional numbness to the bilateral feet. Examination performed on August 26, 2015 was revealing for pain from seated to standing position, slow guarded gait, tenderness to the lumbar paravertebral muscles and the sciatic notch region, trigger points and taut bands with tenderness on palpation throughout, decreased range of motion to the lumbar spine, decreased sensation to the lateral calf and dorsum of the bilateral feet, and positive straight leg raises to the lower extremities. On August 26, 2015 the injured worker's current pain level was rated a 6 on a scale of 0 to 10. The treating physician noted on August 26, 2015 magnetic resonance imaging of the lumbar spine performed on July 29, 2015 that was revealing for disc herniation at lumbar five to sacral one with a grade I anterolisthesis, disc desiccation, and an annular fissure; and an electromyogram performed on December 31, 2014 that was noted to be unremarkable. On August 26, 2015 the treating physician noted that previous treatments of chiropractic therapy and acupuncture provided temporary relief and the injured worker 's medication regimen allows the injured worker to perform activities of chores in the house of cooking, cleaning, assisting with laundry, and caring for her child, and also noted one week relief of symptoms secondary to trigger point injections to the neck and lower back, but the progress

note did not indicate the injured worker's numeric pain level with a visual analog scale prior to these treatments and a numeric pain level with a visual analog scale after these treatments to indicate the effects of the above noted treatments. On August 26, 2015 the treating physician requested median branch nerve blocks at the bilateral lumbar three, lumbar four, and lumbar five noting the diagnosis of facet joint syndrome with somatic axial back pain along with noting chronic somatic and axial pain of at least a three months duration and non-radicular with the injured worker "failing conservative treatment for several months including physical therapy ". On September 04, 2015 the Utilization Review determined the request for median branch nerve blocks at bilateral lumbar three, lumbar four, and lumbar five to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Median branch nerve blocks at bilateral L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low back chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Facet joint diagnostic blocks (injections).

Decision rationale: Median branch nerve blocks at bilateral L3, L4, L5 is not medically necessary per the ACOEM and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There should be no more than 2 facet joint levels are injected in one session. The physical exam findings of decreased sensation along the lateral calf and dorsum of the feet, the depressed Achilles, reflex, and the positive straight leg raise with radicular pain in the lower extremities suggests radicular low back pain for which median branch nerve blocks are not indicated. Furthermore, the patient had a negative EMG/NCV study. This study can be normal if there is pure dorsal root ganglion compromise (radiculitis). The documentation does not reveal evidence supporting the medical necessity of a lumbar median branch block therefore this request is not medically necessary.