

Case Number:	CM15-0188155		
Date Assigned:	09/30/2015	Date of Injury:	05/03/2002
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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: Massachusetts

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 59 year old female, who sustained an industrial injury on 5-3-02. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy; displacement of intervertebral disc site unspecified, without myelopathy; degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-2-15 indicated the injured worker is in the office for a re-evaluation regarding her neck and low back pain. The notes indicate a request was sent on 7-13-15 for lumbar medial branch blocks to denerve L3-4 and L4-5 but they have not had a response yet. The provider is resubmitting the request on this date. The provider notes that a request for a lumbar epidural injection was requested 12-22-14 and denied. He notes, therefore, cannot be requested again until after 12-22-15. The provider documents "symptoms have remained relatively stable since her last evaluation with some good and some bad days as noting has been done for treatment. She reports constant moderate neck pain, which radiates to her shoulders with a burning sensation down both of her arms associated with some numbness and tingling in both arms and hands especially when she is lying down, although her neck pain is still tolerable even though it wakes her up at night. She reports constant moderate to severe lower back pain, which radiates to her buttocks and down both of her legs associated with a burning sensation and some numbness and tingling in both of her legs down to her feet. She reports her right leg symptoms are worse than her left leg symptoms." On physical examination, the provider documents she has a normal gait with typical heel toe pattern. There is no tenderness in the trapezius muscles on either side of neck. The pain is described as "deeper than the surface mainly

in the midline posterior and to the muscles on both sides. There is mild plus tenderness over the nerve roots on both sides of the neck. Upper extremities he notes "The deep tendon reflexes are 2+ symmetrical at the biceps, and trace+ symmetrical at the triceps as well as at the brachioradialis. Motor strength testing demonstrates grade 5 strength bilaterally without any neurological deficits. She tends to stoop forward. The range of motion of the lumbar spine shows flexion 0-90 degrees, extension 5 degrees, right and left rotation of 40 degrees, right and left lateral bending is 10 degrees. There is moderate tenderness over the spinous processes mainly at the lumbosacral junction. There is mild plus tenderness over the sciatic nerve bilaterally and over the trochanters bilaterally. Faber's is negative bilaterally. Straight leg raising in sitting position is done at 76 degrees with mild hamstring tightness bilaterally as well as bilateral radicular leg right slightly more than left." The provider feels she is a candidate for lumbar medial branch blocks. A Request for Authorization is dated 9-24-15. A Utilization Review letter is dated 9-14-15 and non-certification was for Lumbar medial branch blocks at L3-L4, L4-L5. A request for authorization has been received for Lumbar medial branch blocks at L3-L4, L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch blocks at L3-L4, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chapter: Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections); Facet joint intra-articular injections (therapeutic blocks).

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), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant has a remote history of a work injury in May 2002 and is being treated for neck and low back pain with radiating symptoms. When seen, complaints included constant moderate to severe low back pain with radiating symptoms onto the buttocks and down both legs to her feet with burning and numbness. Physical examination findings included a forward stooped posture. There was decreased lumbar range of motion with extension limited to zero degrees. There was radicular pain with straight leg raising. Lumbar medial branch blocks are being requested. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant is having radicular pain. There are no findings such as facet tenderness or pain with facet testing or loading maneuvers that would support the presence of facet mediated pain. The requested medial branch block procedure is not medically necessary.