MAXIMUS Federal Services

Case Number:	CM15-0189412		
Date Assigned:	10/01/2015	Date of Injury:	04/17/2013
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 53 year old male who sustained an industrial injury on 04-17-2013. Medical records indicated the worker was treated for low back pain with right leg pain and bilateral foot numbness since 2013. In the exam of 08-10-2015, he reports his pain as a 9 on the scale of 0-10, and describes it as aching and stabbing in quality, alleviated by lying supine or leaning forward, and worsened by prolonged walking, standing, and sitting. He denies bowel of bladder dysfunction. Narcotic pain relievers give greater than 50% relief and he takes 1-2 daily. Muscle relaxers gave fair relief. Medial branch blocks at L4-5, and L5-S1 gave 20% relief on 7/9/15. On 5/21/15, a medial branch block at L3, L4, L5, and S1 was done with 50% relief. The provider notes on 08-10-2015 report that a MRI of the lumbar spine (01-23-2015) shows a paracentral disc herniation at L4-5, which produces spinal stenosis and lateral recess stenosis right to left. There is also disc desiccation at this level. In the provider notes of 08-11-2015, the worker is complaining of pain at a 5 on a scale of 0-10 described as aching in the mid low back with no pain radiation. Conservative measures include physical therapy 12 sessions (that increased the pain), massage therapy (with no relief), chiropractic treatment (increased the pain) and home exercises (helped minimally). Non-steroidal anti inflammatories do not provide adequate relief from pain. Medications include Norco, Dyna MD pain cream, Hydrochlorothiazide, and Zanaflex. On examination, the worker has no appreciable changes in sensory function. Facet tenderness was present bilaterally on the lumbar spine at L3, L4, L5, and S1 levels. Axial loading of the lumbar spine worsens the pain. Range of motion of the lumbar spine is decreased due to pain (especially extension). Gaenslen's test is positive bilaterally.

Celebrex 200 mg daily was added to his medications. Treatment recommendation was made for Bilateral Medial Branch Block at L3-L4, L5-S1, and the Celebrex, and referral to a neurosurgeon. A request for authorization was submitted for Bilateral Medial Branch Block at L3-L4, L5-S1; Celebrex 200mg #30; Referral to Neurosurgeon. A utilization review decision 08-27-2015 certified the Celebrex, Non-Certified the Bilateral Medial Branch Block, and certified the Referral to Neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Block at L3-L4, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet joint pain, Facet joint diagnostic blocks, Facet joint injections.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Follow-up Visits, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Medial Branch Blocks (Therapeutic).

Decision rationale: Regarding the request for Bilateral Medial Branch Block at L3-L4, L5-S1, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. Guidelines go on to recommend no more than 2 joint levels be addressed at any given time, and one set of diagnostic medial branch blocks is required with a response of 70%. Within the documentation available for review, it appears the patient's already had more than one set of diagnostic medial branch blocks. Thus, the current request exceeds the maximum number recommended by guidelines. As such, the currently requested Bilateral Medial Branch Block at L3-L4, L5-S1 is not medically necessary.