

Case Number:	CM15-0199357		
Date Assigned:	10/14/2015	Date of Injury:	04/10/2013
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 25 year old female, who sustained an industrial injury on 04-10-2013. She has reported subsequent low back and lower extremity pain and was diagnosed with chronic low back pain and right lumbar radicular pain with weakness. Treatment to date has included pain medication, physical therapy, transcutaneous electrical nerve stimulator (TENS) unit, surgery and application of ice, which were noted to have failed to significantly relieve the pain. In a 06-23-2015 progress note, the physician indicated that in view of cyst on MRI encroaching right L5-S1 nerve root, a request for a second opinion from a neurosurgeon was being submitted. In a progress note dated 08-04-2015, the physician noted that the injured worker had neurosurgical consultation performed and was told she was not a surgical candidate. In a progress note dated 08-25-2015, the injured worker reported pain described as spasming in nature, located in the proximal, lateral right thigh that emanated from the low back. The injured worker noted that taking Oxycodone three times a day works maximally on the pain. The physician noted that the injured worker was scheduled for medial branch blocks with [REDACTED] in early September. Objective examination findings revealed limited range of motion and tenderness of the lumbar spine, lateral bending to 15 degrees with decreased lumbar spine movement, extension to neutral and inability to heel-toe walk due to right sided weakness. Work status was documented as off work. Documentation shows that the injured worker underwent bilateral L3, L4 and L5 diagnostic medical branch block #1 under fluoroscopy on 09-04-2015 with visual analog scale score decreased from 8 out of 10 prior to the procedure to 2 out of 10 after the procedure. The physician recommended repeat diagnostic block with different local anesthetic to confirm that medial branch blocks do play significant role in back pain. A request for authorization of medial branch block at L3, L4 and L5 with anesthesia, fluoroscopic guidance and x-ray was submitted. As per the 09-10-2015 utilization review, the above request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at L3, L4, and L5 with anesthesia, fluoroscopic guidance and x-ray:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (DOG), Low Back Chapter, Facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Initial Care.

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints, page 300 states that "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks require that the clinical presentation to be consistent with the set mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case, the exam notes from 6/23/15 and 8/25/15 demonstrate radicular complaints. Therefore the determination is for not medically necessary.