

Case Number:	CM15-0200763		
Date Assigned:	10/15/2015	Date of Injury:	08/14/2013
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/13/2015

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 53 year old male, who sustained an industrial injury on 8-14-2013. The injured worker was diagnosed as having lumbar sprain and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included diagnostics, physical therapy, hernia repair 2-2015, and medications. Currently (9-18-2015), the injured worker complains of low back pain, mainly located at the paraspinal area at the location of facet joints bilaterally, radiating to the gluteal area. He denied numbness and tingling in the lower extremities and denied pain radiating to the lower extremities. He was receiving hemodialysis for renal failure and was unable to take anti-inflammatory medications. Exam noted tenderness to palpation of the lumbar spine at the bilateral paraspinal areas, positive facet loading bilaterally, muscle strength 5 of 5 in all muscle groups, sensation intact, and deep tendon reflexes 2+ and symmetric. Magnetic resonance imaging of the lumbar spine (5-07-2015) noted L1-2: mild disc desiccation and disc space narrowing, mild bilateral facet degenerative changes with grade 1 retrolisthesis of L1 over L2, 3mm broad-based posterior disc bulge, and moderate left and mild right neural foraminal narrowing. L3-4: mild bilateral facet degenerative changes and ligamentum flavum hypertrophy, mild disc desiccation and disc space narrowing, broad-based disc protrusion 4-5mm, focus of annular fissure, and mild right and moderate left lateral recess and neural foraminal narrowing. L4-5: moderate to severe bilateral facet degenerative changes with grade 1-2 anterolisthesis of L4 over L5, moderate disc space narrowing, and severe left and moderate right neural foraminal narrowing. His work status was "per PTP". Per the Request for Authorization dated 9-21-2015, the treatment plan included medial branch block injection at bilateral L3, L4 and L5, non-certified by Utilization Review on 9-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at bilateral L3, L4 and L5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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 sustained a work injury in August 2013 when he fell from an extension ladder. When seen, he was having constant back pain rated at 8/10. He was having pain radiating to the gluteal area. He was not having lower extremity pain, numbness, or tingling. Physical examination findings included lumbar paraspinal tenderness and positive facet loading. There was a normal neurological examination. Authorization was requested for diagnostic bilateral lumbar medial branch blocks. The claimant received dialysis and is unable to take non-steroidal anti-inflammatory medication. Prior treatments include physical therapy, home exercises, and medications. 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 has axial low back pain with positive facet loading and has undergone extensive prior conservative treatment. The medial branches being requested would block the L4/5 and L5/S1 facet levels. The criteria are met and the requested lumbar medial branch block procedure is medically necessary.