

Case Number:	CM15-0201382		
Date Assigned:	10/16/2015	Date of Injury:	03/18/2015
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
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: 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 45 year old male who sustained an industrial injury on 03-18-2015. According to a report dated 09-15-2015, the injured worker was seen in follow-up of low back pain. He had done physical therapy for six weeks and denied any significant improvement in his pain with physical therapy. Overall he did have "mild improvement" and then went back to work. His pain was constant in the low back. Pain rarely went down into the left gluteal region and did not go down the legs. He denied numbness or tingling in the leg. Pain was aggravated by sitting for more than 20 minutes, walking or standing for more than 1 hour and bending over or standing back up from bending over. He had less pain when he lied down supine with a pillow under his knees. Examination of the lumbar spine revealed moderate decreased flexion and extension, limited by pain. His pain was most with extension and bilateral oblique extension more than with flexion. On palpation, he was quite guarded and jumpy with light palpation of the lumbar spine. He was most tender to palpation of the L5-S1 followed by the L4-L5 levels, bilaterally over the paraspinal facets and midline. CT of the lumbar spine dated 09-02-2015 showed chronic bilateral L5 pars defect with grade 1 anterolisthesis L5 and S1. There was also noted grade 1 degenerative retrolisthesis at L4 and L5, but no L4 pars defects and mild bilateral L4-L5 facet arthropathy. Assessment was noted as low back pain following work injury possibly secondary to L5 spondylolysis versus L5-S1 and bilateral L4-L5 facet arthropathy. The provider recommended fluoroscopic guided bilateral L5-S1 and bilateral L4-5 facet joint steroid injections. If the injured worker did not respond to the facet joint steroid injections, then medial branch blocks would be recommended. An authorization request dated 09-22-2015 was

submitted for review. The requested services included bilateral L4-5 medial branch block and bilateral L5-S1 medial branch block. On 09-24-2015, Utilization Review non-certified the request for 1 bilateral L4-L5 medial branch block and 1 bilateral L5-S1 medial branch block and authorized the request for 1 fluoroscopically guided bilateral L4-L5 facet joint steroid injections and 1 fluoroscopically guided bilateral L5-S1 facet joint steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L4-L5 medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & Thoracic (Acute & Chronic) - Facet Joint Diagnostic Blocks (injections).

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

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints (physical methods), 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 facet- mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 9/15/5 demonstrates that this pain is likely due to the L4-5 retrolisthesis with grade 1 L5-S1 anterolisthesis. Therefore the determination is for non-certification. Therefore, the request is not medically necessary.

1 Bilateral L5-S1 medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & Thoracic (Acute & Chronic) - Facet Joint Diagnostic Blocks (injections).

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

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints (physical methods), 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 facet- mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 9/15/5 demonstrates that this pain is likely due to the L4-5 retrolisthesis with grade 1 L5-S1 anterolisthesis. Therefore the determination is for non-certification. Therefore, the request is not medically necessary.

