

Case Number:	CM15-0203551		
Date Assigned:	10/20/2015	Date of Injury:	12/01/2012
Decision Date:	12/01/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/16/2015

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 33 year old male who sustained an industrial injury on 12-01-2012. According to an agreed medical evaluation dated 06-29-2015, treatment to date has included medications, physical therapy, facet injections and medial branch blocks with "excellent relief" and facet ablation procedure. MRI showed L5-S1 disc protrusion and left L4-L5 facet synovial cyst. Electrodiagnostic testing confirmed right L5 radiculopathy (most symptoms left sided). The provider noted that future treatment may include additional injections. The provider noted that a rhizotomy was unsuccessful but that repeating it might be reasonable because of the facet joint origin of pain. Additional considerations included decompression of the synovial surgical decompression of the synovial cyst. The provider noted that at the extremes one could consider arthrodesis, but with multilevel involvement, this was not recommended. According to a progress report dated 08-31-2015, the injure worker presented with low back pain referring down into the bilateral lower extremities. He was slightly better after the epidural injection in July 2015 with pain that decreased from 7 out of 10 down to 5. The provider noted that facet injections in the past that were helpful but short acting. He continued to have difficulty emptying his urinary bladder and was still awaiting the urology referral. Physical examination of the lumbar spine demonstrated moderate pain over the left more than right, L5-S1 more than the L4-L5 levels which were right more than the left sides at that level with paraspinal spasms. Bilateral seated straight leg raise was 90 degrees with pain referring to the bilateral calves. Motor strength was 5 out of 5 throughout both lower extremities. He had intact sensibility. Range of motion with forward flexion 50 degrees with moderate pain occurring with flexion to extension. Extension

was 30 degrees with slight pain. Right lateral flexion was 40 degrees with slight pain. Left lateral flexion was 45 degrees with moderate pain referring to the left side. Bilateral rotation was 75 degrees with slight pain on the left referring to the right. Moderate pain on the right referring to the left was noted. Diagnoses included lumbar disc injury, lumbar radiculopathy and lumbar facet arthralgia. The treatment plan included medial branch blocks to the bilateral L4-L5 and L5-S1 segments. On 10-09-2015, Utilization Review non-certified the request for bilateral medial branch blocks at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medial branch blocks at L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Facet joint medial branch block (therapeutic injections).

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 requires 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 8/31/15 demonstrates radicular complaints. Therefore the determination is for non-certification. Per ODG Low Back / Facet joint medial branch block (therapeutic injections), medial branch blocks are "not recommended except as a diagnostic tool. Minimal evidence for treatment." As this procedure is not recommended per ODG guidelines, the recommendation is for non-certification.