

Case Number:	CM15-0028196		
Date Assigned:	02/20/2015	Date of Injury:	01/03/2013
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/13/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old male, who sustained an industrial injury on January 3, 2013. His diagnoses include lumbar disc displacement/rupture, low back pain, sciatica, lumbar radiculopathy, and post lumbar surgery syndrome. He has been treated with chiropractic therapy, a home exercise program, and medications including pain, muscle relaxant, anti-epilepsy, and non-steroidal anti-inflammatory. On November 14, 2014, an MRI of the lumbar spine was performed. On December 31, 2014, his treating physician reports increasing low back pain. His pain medication reduces his pain by 50%. The physical exam revealed well-healed midline lumbar incision, tenderness at the bilateral lumbar five to sacral one levels, and no radicular snapping band tenderness. The deep tendon reflexes of the left lower extremity were diminished and the left quadriceps strength in flexion and abduction was mildly diminished. There is diminished sensation in the left lumbar five to sacral one dermatomes in a medial and lateral pattern. There is a slightly antalgic gait favoring the left leg. On January 27, 2015, Utilization Review non-certified a request for medial branch blocks at bilateral lumbar five to sacral one facet, noting the insufficient documentation of axial back pain, such as facet loading test, and the lack of documentation of intended radiofrequency intervention with a positive response from the requested medial branch blocks. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar Medial branch blocks bilateral L5-S1 facet (LMBB): Upheld

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks (injections).

Decision rationale: The patient presents with lumbar disc displacement/rupture, low back pain, sciatica, lumbar radiculopathy, and post lumbar surgery syndrome. The current request is for Outpatient Lumbar Medial branch blocks bilateral L5-S1 facet (LMBB). The treating physician states, in a report dated 12/31/14, "[The patient] does have facet arthropathy present at L5-S1 which is consistent with his low back pain. I am requesting authorization for LMBB to the bil. L5 facet to determine if this is contributing to his pain." The MTUS guidelines do not address lumbar medial branch blocks. The ODG guidelines state specifically the criteria used for facet joint pain injections which include, tenderness to palpation over the facet region, a normal sensory examination, absence of radicular findings and normal straight leg raising. The ODG guidelines go on to state that diagnostic blocks for facet mediated pain should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, the patient has been diagnosed with lumbar radiculopathy, the examination findings reveal decreased reflexes and abnormal dermatomal sensation affecting the L4/5 and L5/S1 regions. The current request is not medically necessary and the recommendation is for denial.