MAXIMUS Federal Services

Case Number:	CM15-0215201		
Date Assigned:	11/05/2015	Date of Injury:	09/19/2002
Decision Date:	12/16/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/02/2015

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
Certification(s)/Specialty: Internal Medicine

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 50 year old male with a date of injury on 09-19-2002. The injured worker is undergoing treatment for lumbar radiculopathy, lumbar facet arthropathy, and adjacent segment disease. The spine surgery consultation done on 09-10-2015 documents the injured worker has low back pain that he rates as 8 out of 10 with radiation of pain, numbness, tingling and weakness in the bilateral lower extremities going into his toes. His right side is equal to his left, has more pain in the left lower back than the right. His pain is better when sitting, worse with standing. He has difficulty with everything. He has an antalgic gait. There is tenderness to palpation of the lumbar spine. Range of motion is restricted. Lower extremity sensation is decreased in the Left L4, L5, and S1 dermatomes. Straight leg raise is positive on the right and left. Slump test is positive bilaterally and Lasegue is positive bilaterally. There is a positive facet challenge to the right lumbar spine. X rays of the lumbar spine done and read today reveal probable solid fusion at L4-5. A medial branch block bilateral to L3-4 facets is requested to see if this is the pain generator. A physician progress note dated 09-21-2015 documents the injured worker has complaints of low back pain that radiates into the bilateral lower extremities. He has numbness, weakness, tingling and a burning sensation. His pain increases with prolonged activity. He rates his pain as 5 out of 10. Lumbar range of motion is restricted and there is tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Straight leg raise is negative. A computed tomography of the lumbar spine is requested due to loose hardware. He is pending an open Magnetic Resonance Imaging due to worsening mechanical painful symptoms for the lumbar spine. Treatment to date

has included diagnostic studies, medications, physical therapy, chiropractic sessions, acupuncture, home exercises, epidural steroidal injections and status post laser surgery to trim the herniated disc which provided a month of pain relief, and status post lumbar fusion about 12 years ago. An Electromyography and Nerve Conduction Velocity done on 07-22-2015 revealed bilateral S1 radiculopathy and left radiculopathy. A lumbar spine Magnetic Resonance Imaging done on 07-29-2015 revealed L2-3 central focal disc herniation that abuts the thecal sac, L3-4 board based disc herniation and facet hypertrophy, produces a spinal canal narrowing and bilateral neuroforaminal narrowing. He is currently working. He takes Norco for pain. On 10-05-2015 Utilization Review non-certified the request for One (1) CT scan of the lumbar spine and One (1) bilateral L3-L4 facet medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral L3-L4 facet medial branch block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 7768 and version 20.0.

Decision rationale: Steroids are injected into the facet joint. However, two evidence based reviews concluded that there is not sufficient evidence to support its use. Also, blocks to the median branch of the primary dorsal ramus, innervating the facet joints have also been used. However, there are no trials comparing efficacy of median branch blocks to placebo injections. There is no clear evidence to indicate the benefit of this procedure. The request is not medically necessary. Therefore, the UR was correct in its decision.

One (1) CT scan of the lumbar spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Journal of Radiology 2012 May 28 4[5]:193-207.

Decision rationale: CT is the modality of choice for imaging bony detail in the spine, for accurate assessment of component position, particularly for positioning of pedicle screws, evaluating both spinal and construct alignment, and degree of osseous fusion. It can also evaluate the spinal canal, and potential post-op complications. The pain is severe in spite of previous lumbar spine surgery and the Orthopedist feels that the patient may have loose hardware. CT scan would be the modality of choice to seek for complications from the previous surgery. The request is medically necessary. Therefore, the UR decision is overturned.