

Case Number:	CM15-0217568		
Date Assigned:	11/09/2015	Date of Injury:	08/08/2008
Decision Date:	12/23/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/04/2015

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: Emergency 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:

This is a 49-year-old male with a date of industrial injury 8-8-2008. The medical records indicated the injured worker (IW) was treated for bilateral L5 pars defect; stenosis at L4-5 and L5-S1; lumbar radiculopathy; and facet arthropathy. In the progress notes (10-9-15), the IW reported increased low back and right leg pain with weakness down the right leg to the foot and first digit. He rated his pain 6 out of 10. Pain was worse with walking up or down stairs, bending and lifting. On examination (10-9-15 notes), his gait was markedly antalgic. The lumbar spine was tender to palpation with spasms noted in the bilateral paraspinal muscles. Range of motion was limited in all planes and worse with extension. Facet provocation test was positive, greater on the right. Sensation was decreased in the right L3 through S1 dermatomes. Motor strength was 3+ out of 5 in the right extensor hallucis longus, 4+ out of 5 in the right tibialis anterior, inversion was 4+ out of 5 on the right and plantar flexors and eversion were 5- out of 5 on the right: all was 5 out of 5 on the left. The straight leg raise on the right was positive for pain to the foot at 30 degrees. Treatments included transforaminal epidural steroid injections; medial branch blocks at bilateral L4-5 and L5-S1 (1-24-14), TENS (with benefit); physical therapy (no benefit) and medications (Norflex, gabapentin, Relafen, Ambien and Cymbalta), which decreased his pain by 20%. The IW was 'permanent and stationary' and was not working. MRI of the lumbar spine on 8-28-13 showed degenerative disc disease and facet arthropathy, with retrolisthesis at L5-S1 and with bilateral L5 spondylosis; and neural foraminal narrowing including L4-5 moderate to severe, left, caudal right and L5-S1 moderate bilaterally, according to the provider. The treatment plan called for medial branch blocks at L4-5 and L5-S1 and continuing medications. The documentation did not state the outcome of the medial branch

blocks performed on 1-24-14. A Request for Authorization dated 10-9-15 was received for medial branch blocks bilaterally at L4-5 and L5-S1. The Utilization Review on 10-26-15 non-certified the request for medial branch blocks bilaterally 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:

Medial Branch Block bilaterally at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic, Facet Joint diagnostic blocks (injections).

Decision rationale: As per ACOEM Guidelines, facet medial branch blocks may be considered for diagnostics purpose in preparation for cervical neurotomies. The evidence to support neurotomies in lumbar region is poor. Official Disability Guidelines were reviewed for more specific criteria. Patient does not meet criteria for recommend facet joint diagnostic blocks. ODG criteria is procedure is limited to patient with low back pain that is non-radicular. Patient has radicular pain and had a failed diagnostic block on 1/24/14. There is no indication to repeat a failed block. Not medically necessary.