

Case Number:	CM15-0030360		
Date Assigned:	03/25/2015	Date of Injury:	02/20/2012
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 28 year old female who sustained an industrial injury on 02/20/2012. She was working as an emergency medical technician and was lifting a gurney with a co -worker when all of the patient's weight slid toward her. She states she felt a sharp pain in her lower back. Treatment to date has included physical therapy, MRI, chiropractic and acupuncture treatment. She presents on 01/27/2015. Physical exam revealed tenderness in the lumbosacral musculature and over the lumbar spinous processes. Range of motion revealed flexion was performed with complaints of end range pain. X-rays of the lumbar spine were taken which revealed partially collapsed discs at lumbar 4-5 and lumbar 5- sacral 1. Diagnoses included lumbar facet arthropathy with myofascial pain, lumbar degenerative protruding discs worst at lumbar 5-sacral 1 and to a lesser degree at lumbar 4-5. MRI from 11/07/2012 showed disc bulges at lumbar 4-5 and worst at lumbar 5- sacral 1. The provider notes in light of the injured worker's worsening neurogenic signs and symptoms despite exhaustive conservative care authorization is requested for lumbar facet medial branch blocks targeting the right lumbar 3-4 and lumbar 4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Facet Medial Branch Blocks at Right L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Facet Joint Diagnostic Blocks (injections) Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter on Facet Joint Diagnostic Block Injections.

Decision rationale: The patient presents with low back pain radiating down the legs, right worse than the left. The physician is requesting a Lumbar facet medial branch block at right L3 - 4, L4 - 5. The RFA dated 02/24/2015 shows a request for lumbar facet medial branch blocks with ■■■ targeting the right L3- 4 and L4-5. The patient's date of injury is from 02/20/2012 and she is currently temporarily totally disabled. The ACOEM guidelines Chapter 12 on Low Back complaints page 300 do not support facet injections for treatment but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG guidelines under the Low Back Chapter on Facet Joint Diagnostic Block Injections also support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. But it does not recommend therapeutic injections due to lack of evidence. No more than 2 levels bilaterally are recommended. The records do not show any previous lumbar facet medial branch block. The 02/24/2015 progress report shows radiating pain from the low back to the bilateral legs. Lasegue's test is positive for pain radiating down the legs. Lumbar facet compression test cause pain in the low back into the buttocks and thighs. Gait inspection reveals antalgia on the right with stiffness. In this case, ACOEM and ODG guidelines do not support medial branch blocks for patients presenting with radicular symptoms. The request is not medically necessary.