

Case Number:	CM15-0035730		
Date Assigned:	03/04/2015	Date of Injury:	02/20/2006
Decision Date:	08/05/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/25/2015

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: Massachusetts

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

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 42-year-old female, who sustained an industrial injury on 2/20/06. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included MRI, medication, physical therapy, lumbar epidural steroid injections, lumbar facet injections and nerve conduction study. Currently, the injured worker complains of low back pain described as burning with left greater than right and is rated 3-4/10. She reports an increase in pain with sitting, standing walking and driving. She also reports numbness and tingling in the left lower extremity. She is experiencing sleep disturbance due to the pain and inability to find a comfortable position. The injured worker is diagnosed with rule out symptomatic bilateral lumbar facet syndrome (left greater than right), lumbar degenerative disc disease with possible discogenic pain and left peroneal/fibular neuritis exacerbated by frequent leg crossing. The injured worker's work status is not addressed in the provided documentation. A note dated 12/15/14 states the injured worker experienced efficacy from the steroid injections and lumbar facet injections. The note also documents complaints of joint pain, muscle cramps, stiffness, back pain, arthritis, muscle weakness and aches, and loss of strength. On physical examination of the same date, there is a sensory deficit, difficulty with hip abduction bilaterally; lumbar spine pain with range of motion, tenderness is noted from L3-S1 with the left side greater than the right. There are spasms in the paraspinal muscles, which is worse on the left and slight tenderness over the SI joint. A bilateral L3-L5 medial branch block is being requested to confirm lumbar facet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L5 medial branch block: Overturned

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 Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in February 2006 and continues to be treated for back pain. When seen, pain was rated at 4/10. She had recently completed six physical therapy treatments without benefit. She was not having lower extremity or radicular complaints. Prior treatments had included intra-articular facet injections. She had not previously had medial branch blocks. Physical examination findings included a normal BMI. There was lumbar and facet tenderness. There was a normal neurological examination. Authorization for bilateral lumbar medial branch blocks was requested. Criteria for the use of diagnostic blocks for facet-mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet tenderness and has undergone extensive prior conservative treatment including a recent trial of physical therapy without benefit. The criteria are met and the requested lumbar medial branch block procedure is medically necessary.