

Case Number:	CM15-0058203		
Date Assigned:	04/02/2015	Date of Injury:	09/24/2013
Decision Date:	05/04/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/26/2015

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, Indiana, New York
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 60 year old female, who sustained an industrial injury on 9/24/2013. Diagnoses include right lumbosacral radiculopathy, lumbar degenerative disc disease and facet arthrosis, bilateral iliotibial band syndrome and bilateral greater trochanteric bursitis. Treatment to date has included physical therapy, diagnostic testing including EMG (electromyography)/ NCV (nerve conduction studies), radiographic imaging and magnetic resonance imaging (MRI), acupuncture, epidural steroid injection (12/05/2014) and medications. Per the most recent Primary Treating Physician's Progress Report dated 2/13/2015 and 2/24/2015, the injured worker reported weakness and occasional numbness in her bilateral lower extremities. She reported ongoing back pain and right sided sciatica. Low back pain is rated as 9/10. Physical examination revealed tenderness to palpation throughout the lumbar paravertebral musculature. There was tenderness to palpation in the bilateral greater sciatic notches, more on the right side. Her range of motion is decreased. The plan of care included medications, EMG/NCV testing, continuation of physical therapy, lumbar steroid epidural injections and orthopedic follow-up. Authorization was requested for bilateral L3, L4, L5 and S1 medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, L5, S1 medial branch blocks: 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 chapter - Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Median Branch Block.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, bilateral L3, L4, L5, and S1 medial branch block is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, nonsteroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; etc. In this case, the injured workers working diagnoses are right S1 radiculopathy; lumbar degenerative disc disease and facet arthrosis; bilateral iliotibial band syndrome; and bilateral greater trochanteric bursitis. The documentation pursuant to a January 23, 2015 progress note shows the injured worker has subjective complaints of radiculopathy involving the lower extremities. Objectively, there is no radiculopathy documented. The injured worker received an epidural steroid injection on December 5, 2014. One criterion for an epidural steroid injection is objective evidence of radiculopathy. The injured worker received a facet block on October 17, 2014. The most recent progress note March 17, 2015 does not contain objective evidence of radiculopathy. The guidelines do not recommend more than two levels be injected bilaterally. The provider is requesting three levels at L3, L4, L5 and S1 in the request for authorization. Consequently, absent conflicting documentation with evidence of radiculopathy involving the lower extremities with the request for median branch block involving three levels, bilateral L3, L4, L5, and S1 medial branch block is not medically necessary.