

Case Number:	CM15-0083854		
Date Assigned:	05/06/2015	Date of Injury:	04/16/2013
Decision Date:	06/05/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/01/2015

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 37 year old male, who sustained an industrial injury on 4/16/13. He reported initial complaints of low back pain. The injured worker was diagnosed as having bilateral lumbar radiculopathy; lumbar post-laminectomy syndrome. Treatment to date has included status post right L5-S1 microdiscectomy (1/6/14); physical therapy; chiropractic therapy, epidural steroid injection (10/4/13 and 12/2/13); medications. Diagnostics included MRI lumbar spine 11/4/13 and 5/2/14); EMG/NCV lower extremities (4/16/15); epiduroscopy (11/17/14). Currently, the PR-2 notes dated 4/2/15 indicated the injured worker complains of back pain and need medications refilled. He has constant aching, tender left-sided low back pain at the lumbosacral junction with no radiation to the buttocks or legs. "It is hot and tingly when I sit." He reports pain, numbness, and tingling in the right leg, including the dorsal aspect of the right foot and all five toes on the right. Pain is made worse by sitting and bending and made better by "nothing". Pain levels are rated as 7/10 currently and 1/10 at best. He uses Tramadol, which provides 90% relief and is able to work full time, exercise and walk. The lumbar MRI dated 5/2/14 impression is L4-5 and L5-S1 desiccation with no neural impingement but there is a L4-5 annular tear that is new since the 6/24/13 MRI. He is a status post right L5-S1 microdiscectomy of 1/6/14. On this date, the provider administered a left gluteal muscle injection using 8cc of 0.25% Marcaine. The provider notes there is no evidence of radicular disease but he has axial low back pain and clinical evidence of Dural scaring post-surgery per good response to a previous epiduroscopy. He will consider a repeat adhesiolysis procedure including epiduroscopy up to twice per year or percutaneous up to 4 times a year for future treatment. The

lumbar epidurals did not give him any relief of pain in the past. The provider is requesting Lumbar medial branch facet blocks because he has severe low back pain on extension and pain on palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar medial branch facet block: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. Facet blocks are not recommended in-patient who may exhibit radicular symptoms as in this injured worker with previous leg pain complaints s/p multiple lumbar epidural epidural injections. MRI report has not shown any facet arthropathy, but has demonstrated possible etiology for radicular symptoms with disc dessication and impingement. Submitted reports have not demonstrated any remarkable clinical findings on exam to support for the facet blocks outside guidelines criteria. The Lumbar medial branch facet block is not medically necessary and appropriate.