

Case Number:	CM14-0129468		
Date Assigned:	08/18/2014	Date of Injury:	05/01/2009
Decision Date:	09/30/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old female who reported an injury on 05/01/2009. While taking a shower, she slipped and wrenched her back. Diagnoses were lower back strain with right lower extremity paresthesias, chronic lower back pain, and lumbar facet syndrome. Past treatments were physical therapy, aqua therapy, chiropractic sessions, and massage. Diagnostic studies were an EMG nerve conduction study of the upper extremities that revealed no evidence of axonal denervation or cervical radiculopathy, normal median, ulna and radial nerves. MRI of the lumbar spine on 08/18/2009 revealed minimal intervertebral disc protrusion of the L5-S1. Surgical history was of the right shoulder for arthroscopic surgery and many rotator cuff repairs. Physical examination on 07/21/2014 revealed complaints of severe low back pain, right lower extremity pain, and numbness. Low back pain was about 60% to 70% of her pain, and 40% was in the leg. Examination revealed paraspinal palpation from the L1 to the sacrum that revealed an area of severe tenderness and spasm bilaterally. Range of motion for the lumbar spine for flexion was to 30 degrees, extension was to 10 degrees, right lateral flexion was to 15 degrees, left lateral flexion was to 15 degrees, right rotation was to 20 degrees, and left rotation was to 20 degrees. Special testing for seated straight leg raise was positive on the right. Supine straight leg raising was positive bilaterally; right was to 10 degrees, and the left was to 20 degrees. Piriformis stretch was positive, and facet load test was positive. Motor strength for the lower extremities was decreased. Sensory examination was decreased in the L5 on the right and S1 was decreased on the right. Deep tendon reflex for the patella on the right was a 1/4. The left was a 2/4. The Achilles on the right was a 1/4, and a 2/4 on the left. Medications were Zorvolax, Lyrica, Butrans Patch, Omeprazole, Docusate and Pennsaid solution. Treatment was for bilateral medial branch blocks. The rationale was not submitted. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral medical branch block at L3, L4, L5: 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): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Block.

Decision rationale: The decision for Bilateral medical branch block at L3, L4, L5 is not medically necessary. The ACOEM Guidelines indicate that a facet neurotomy (rhizotomy) should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As ACOEM does not address specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate the criteria for the use of diagnostic blocks include: the clinical presentation should be consistent with facet joint pain, which includes tenderness to palpation at the paravertebral area; a normal sensory examination; absence of radicular findings although pain may radiate below the knee; a normal straight leg raise exam. There should be documentation of failure of conservative treatment, including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks, and no more than 2 facet joint levels should be injected in 1 session. Additionally, 1 set of diagnostic medial branch blocks is required with a response of 70%, and it is limited to no more than 2 levels bilaterally, and no more than 1 set of medial branch diagnostic blocks is recommended prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered under study). The injured worker had a positive straight leg raise exam and an abnormal sensory examination. The medical guidelines state that there should be a normal sensory examination, and a normal straight leg raise exam. Therefore, this request is not medically necessary.