

Case Number:	CM14-0145168		
Date Assigned:	09/19/2014	Date of Injury:	08/09/2012
Decision Date:	10/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 26-year-old female with a reported date of injury on 08/09/2012. The injury reportedly occurred when a heavy box fell on the injured worker. Her diagnoses were noted to include L4-5 disc protrusion, unstable retrolisthesis, with foraminal and lateral recess stenosis, L4-5 disc space narrowing with a limbus vertebra anteroinferiorly of L4, and grade I spondylolisthesis L4-5. Her previous treatments were noted to include acupuncture, massage, electrostimulation, physical therapy, home exercise program, heat/ice, and chiropractic treatment. The lumbar MRI performed 09/18/2012 revealed degenerative disc disease and disc bulging at L4-5 with bilateral lateral recess stenosis and mild central stenosis. There was also mild bilateral foraminal narrowing. The progress note dated 06/03/2014 revealed complaints of sharp low back pain, left buttock and posterior thigh pain. The pain distribution was 80% low back, and 20% left thigh, rated 6/10. The physical examination revealed tenderness with palpation and oblique extension over the bilateral L4-5 and L5-S1 facet joints. The motor strength was rated 5/5 bilaterally. The deep tendon reflexes were 2+ bilaterally to the patella and 1+ to the Achilles bilaterally with intact sensation. The examination revealed tenderness to palpation in the paravertebral area over the facet joint region, a normal sensory examination, an absence of radicular findings, and a normal straight leg raise. The progress note dated 08/01/2014 revealed complaints of low back pain, rated 6/10 with medication and 8/10 without medication that radiated to the left buttock. The injured worker revealed her left buttock was rated 7/10 to 8/10 without medication. The pain radiated into the dorsal lateral left thigh, skipped the calf and went into the dorsum left foot and great left toe. The left leg pain was described as tingling, aching type pain. The injured worker was getting cramps to her left knee when she squatted, and denied any lower extremity weakness or difficulty walking. The physical examination revealed a negative straight leg raise and normal heel/toe walking. Her gait was

normal, and deep tendon reflexes were rated +2 bilaterally. The sensory examination was normal and the motor examination was rated 5/5. The Request for Authorization form was not submitted within the medical records. The request was for 1 lumbar medial branch block at levels L4-5 between 08/25/2014 and 10/09/2014 for facet pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Medical Branch Block at the Levels L4-L5 between 8/25/14 and 10/9/2014: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic (Acute & Chronic), Facet Joint Diagnostic Blocks (Injections)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Facet Joint Diagnostic Block.

Decision rationale: The request for 1 Lumbar medical branch block at the levels L4-L5 between 8/25/14 and 10/9/2014 is medically necessary. The injured worker has radicular pain, with facet joint pain signs and symptoms. The Official Disability Guidelines recommend no more than 1 set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered understudy). Diagnostic blocks may be performed with the anticipation that exists if successful; treatment may proceed to facet neurotomy at the diagnosed levels. The guidelines criteria for the use of diagnostic blocks for facet mediated pain is clinical presentation should be consistent with facet joint pain, signs and symptoms, which is noted to include tenderness to palpation in the paravertebral areas (over the facet region), a normal sensory examination, absence of radicular findings, although pain may radiate below the knee, and a normal straight leg raise examination. The guidelines state 1 set of diagnostic medial branch blocks is required with the response of greater than 70%. The pain response should last at least 2 hours for lidocaine. The facet medial branch blocks are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. There must 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. No more than 2 facet joint levels are injected at 1 session. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion session at the planned injection level. The documentation provided indicated there was tenderness with palpation and oblique extension over the bilateral L4-5 facet joints with intact sensation and a negative straight leg raise. The MRI of the lumbar spine showed mild foraminal narrowing. The injured worker has undergone extensive conservative care with minimal relief. Therefore, the request for 1 Lumbar Medical Branch Block at the Levels L4-L5 between 8/25/14 and 10/9/2014 is medically necessary.