

Case Number:	CM14-0146492		
Date Assigned:	09/12/2014	Date of Injury:	04/05/2012
Decision Date:	10/16/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/09/2014

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 Emergency Medicine 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 60-year-old female who reported an injury on 04/05/2012. The mechanism of injury was not clearly indicated in the clinical notes. The injured worker's diagnoses included lumbar radiculopathy, low back pain, and lumbar facet syndrome. The injured worker's past treatments included epidural steroid injections, electrical stimulation, manual therapy, medications, physical therapy, and home exercise program. The injured worker's diagnostic testing included an MRI of the lumbar spine on 07/06/2012. The injured worker's surgical history was not clearly indicated in the clinical notes. On 08/06/2014, the injured worker complained of back pain, which caused radiating symptoms down her low back and left leg. She stated that her pain was a 6/10 with medications and a 9/10 without. The injured worker indicated that her quality of sleep was poor and that her activities of daily living have increased. She stated that she continued to have numbness that goes down the left leg from the low back and states that previous epidurals have helped to reduce pain. The physical exam revealed that the patient had a slow, stooped gait that did not require assistive devices. An examination of the lumbar spine showed loss of normal lordosis with straightening of the lumbar spine. Her range of motion was decreased with values of 42 degrees of flexion and 10 degrees of extension. All range of motion caused extreme pain. Palpation of the paravertebral muscles presented with spasms and tenderness on the left side. Spinous processes were tender to the left L4 and left L5. It was also noted there was lumbar facet loading, which was positive on the left side, and a straight leg raise test that was negative. There was dyesthesias with palpation to the left lumbar region, with tenderness noted over the sacroiliac spine. Her sensory examination was normal to light touch. Her motor exam presented with normal ranges, except for her right dorsiflexors, which were 4+/5. The injured worker's medications included Norco 10/325, nortriptyline, and Flector patches. A request was received for Medial branch block at the left L4-L5 and L5-S1.

The treatment plan consisted of a diagnostic medial branch block of the L4-5 and L5-S1, the continuation of a transcutaneous electrical nerve stimulator, and the continuation of her medications. The rationale for the request was that the injured worker was a candidate for facet blocks because she failed conservative care. The Request for Authorization form was signed and submitted on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block at the left L4-L5 and L5-S1: Upheld

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 ODG) Low Back - Lumbar & Thoracic, Facet joint diagnostic blocks

Decision rationale: The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Facet joint diagnostic blocks must have clinical documentation indicating that facet mediated pain is present. Facet mediated pain is indicated by 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 raising exam. The criteria for the use of diagnostic blocks include, diagnostic blocks which are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally; there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; and no more than 2 facet joint levels are injected in one session. Based on the clinical notes, the injured worker reported numbness, moderate pain and an increased ability to perform activities of daily living. She also stated that her medications were working "well" and she was completing home exercises. The use of medial branch diagnostic blocks are contingent on the failure of conservative treatment. The injured worker's report that her pain medications were effective and that she had an increased ability to perform her activities of daily living as well as home exercise would not be supported for the use of a medial branch block. Also, her facet mediated pain complaints would not be supported by the guidelines as there is no indication of tenderness over that facet region. Additionally, her complaints numbness and radiating pain into her leg are suggestive of radicular symptoms, but her MRI exam revealed hyper-trophy encroaching on the neural foramen, which would cause these symptoms as well. The use of only two facet joint levels at L4-L5 and L5-S1 would be supported by the guidelines, as only 2 joint levels may be injected at one session. The use of the medial branch block to determine the exact region of discomfort and then to proceed with a radiofrequency neurotomy, would also be supported by the guidelines. Her physical exam findings of a normal sensory exam and a normal straight leg raise exam would also be supported by the guidelines. However, due to lack of objective documentation indicating she failed conservative treatments for 4-6 weeks prior to the request and an absence of palpable tenderness

over the facet region, the request is not supported. Therefore, the request for a Medial Branch Block at the Left L4-L5 and L5-S1 is not medically necessary.