

Case Number:	CM14-0156797		
Date Assigned:	09/26/2014	Date of Injury:	12/03/2013
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/24/2014

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 General Surgery and is licensed to practice in California and Nevada. 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:

This 56 year old borderline diabetic hypertensive male was injured 12/3/13. This was the result of heavy lifting and pulling a heavy object at the same time. He complained of low back and right leg pain and weakness as of 4/1/14. He was treated with conservative management. Noted increasing discomfort, and has been unable to work even modified duty. On 3/3/14, a lumbar spine MRI demonstrated bulging discs of varying size and multiple levels of foraminal stenosis and central canal stenosis with also a congenitally smaller than normal spinal canal. On examination 5/5/14, there was 4/5 strength on the right compared to 5/5 on the left; straight leg raising was positive at 80* on the right; and decreased sensation diffusely on the right compared to the left. The diagnoses were lumbar disc protrusion with foraminal stenosis at L3-4, L4-5, and L5-S1 with lumbar spine radiculopathy. The patient elected to continue conservative management. Therapy proved to be of only transient benefit. As of 7/18/13, bilateral lumbar MBB's at L3-5 were approved. These resulted in 80% improvement for 2 hrs. 60% for the next two; and same pain as before with the same intensity as of 8 hrs. post procedure. During that time he was able to be far more active. The request was for first right and then left MBB with RF and S1 injection if this is not successful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar medial branch block @ L3-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, p 300

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Index, 9th Edition (web); Low Back, Medial Branch Block.

Decision rationale: This patient reports radicular symptoms, has a positive right straight leg raising, and has decreased sensation diffusely on the right. Therefore, the request for MBB must be denied for lack of medical necessity. "Criteria for the use of diagnostic blocks for facet nerve pain state that clinical presentation should be consistent with facet joint pain, signs & symptoms. Treatment is limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally and there is documentation of failure of conservative treatment"

Steroid radiofrequency @ S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint radiofrequency neurotomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Index, 9th Edition (web), Facet joint Radiofrequency neurotomy, Pg. 36

Decision rationale: "Criteria for use of facet joint radiofrequency neurotomy:(1)Treatment requires a diagnosis of facet joint pain using a medial branch block as described above." This patient has not had a diagnostic MBB at S1. Therefore, the request for RF ablation at S1 is denied.

Injection - moderate sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Moderate sedation is not medically necessary as the blocks have not been approved.