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| Case Number: | CM14-0165295 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 03/23/2012 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 Pain Management and is licensed to practice in California. 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 54 year old female with a date of injury on 3/23/2012. As per the report of 9/8/14, she complained of aching and sharp lumbar pain, rated at 2/10 with medication and 5/10 without. She had been taking her medications with good relief. She had two epidural injections with benefit. On 8/26/14, she complained of chronic low back pain. She had bilateral L4-5 and L5-S1 medial branch block; she reported that she got more relief on the right side with 80% relief and a little bit lower on the left side. She reported mid back pain was constant ache in nature with associated numbness. She stated that four days after the procedure, she felt very tight on the left side and into the groin. She rated the pain at 4/10. The exam revealed equivocal straight leg raise on the left with low back pain and tenderness in the right lower lumbar facet. The facet provocative maneuver worsened the pain particularly on the left. There were decreased sensation in the left, L1-S1 dermatomes, and tenderness in the right quad. Lumbar spine magnetic resonance imaging dated 4/5/14 revealed degenerative changes in the lumbar spine, postsurgical changes, moderate narrowing of the right lateral recess, mild narrowing of the left lateral recess, moderate to severe left neural foraminal narrowing, and mild right neural foraminal narrowing at the L4-5 level. She had a history of failed back syndrome; she underwent laminectomy and foraminotomy at L4-5 and partial facetectomy at L4-5 on 1/24/13. Current medications include Percocet and Gabapentin. She is allergic to Vicodin and Codeine. The past treatments have included physical therapy and pain medications. The left L3 and L4 transforaminal epidural injections were done on 6/2/14 and she reported pre-operative pain of 5/10 and 1/10 pain post procedure. Her diagnoses include lumbar spondylosis, degenerative disc disease, and displacement of intervertebral disc, site unspecified, without myelopathy. The request for bilateral L4-L5 and L5-S1 medial branch blocks/facet injections was denied on 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 medial branch blocks/facet injections: 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), Medical Branch Blocks Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: As per the Official Disability Guidelines, the criteria for use of therapeutic intraarticular and medial branch blocks are as follow: - There should be no evidence of radicular pain, spinal stenosis, or previous fusion.- If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).- No more than 2 joint levels may be blocked at any one time.- There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In this case, the medical records document the injured worker had previous fusion. There is also evidence of lumbar radiculopathy with previous epidural injections. There is no documented plan for rehabilitation. Nonetheless, the injured worker has already received lumbar facet medial branch block. Therefore, the request is not medically necessary according to the guidelines as the criteria were not met due to lack of documentation.